DOCUMENTING ADOLESCENT SEXUAL AND REPRODUCTIVE PRACTICES, AND EXPLORING PERCEPTIONS OF THE IMPACT OF CHILD SUPPORT GRANT: A CASE OF DURBAN

BY

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Declaration

Submitted in fulfilment/ partial fulfilment of the requirement for the degree of Masters in Population Studies, in the Graduate Programme in Population Studies, University of KwaZulu-Natal, Durban South Africa

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. It is being submitted for the degree of Masters in Population Studies in the Faculty of Humanities, Development and Social Science, University of KwaZulu-Natal, Durban, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

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Abstract

Teenage childbearing has been a cause for concern in South Africa. A number of studies claim that early childbearing has been increasing, while other studies indicate that say it has remained constant. Despite lack of consensus on the trend, there is agreement that the levels are high. The Reproductive Health Research Unit (2003) survey reported that close to 15 percent of teenage women become pregnant between the ages of 15 to 19 years. Teenage childbearing has raised major concerns for government, researchers and communities (Cherry *et al*, 2001). Researchers have identified a number of factors which contribute to teenage childbearing.

Lately, there has been an ongoing debate about the introduction of social security system (Child Support Grants), which is meant to assist in alleviating child poverty. Some argued that Child Support Grants has contributed in high pregnancies among teenagers. However, the research on the relationship between Child Support Grants and teenage childbearing has not been consistent.

This study explored sexual and reproductive patterns observed among teenagers. The focus was on understanding experiences of school going adolescents. The study also aimed to establish the environment surrounding childbearing in schools and the perception of child support grants through interviewing key informants and teenagers themselves. In summary, the study collected qualitative and qualtitative information from teenagers and teachers in schools, and from teenagers collecting CSG from paypoints.

Findings from this sudy indicate that sexual practices among teenagers are complex. Teenagers are aware of the negative effects around early sexual initiation and childbearing support. However despite of this awareness, the study shows that more than half (52.7 percent) of teenagers become sexually at an early age more males (53.7 percent) than females (46.3 percent) were sexual active. Of the sexually active teenagers, findings show that 26.7 percent had their first sexual intercourse at the age of 15 years, 22.0 percent at 14 years, and 16.8 percent at the age of 16 years. The median age at sexual debut for both males and females was 14 years.

While, teenagers without children were most likely to report that teenage mothers are having children to receive CSG, but teenage mothers did not confirm this. It was also interesting to discover that more males than females believed that teenagers take advantage of CSGs. However,

indings clearly indicate that there are mixed perceptions with regard to impact of CSG on teen childbearing.

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List of Acronyms

CSG	Child Support Grant
HIV	Human Immunodeficiency Virus
MDG	Mellenium Development Goal
UNICEF	United Nations Children's Fund
PPASA	Planned Parenthood Association of South Africa
SADHS	South Africa Demographic and Health Survey
MRC	Medical Research Council
DHS	Demographic and Health Surveys
STI	Sexually Transmitted Infection
HSRC	Human Social Research Council
IUD	Intra Uterine Device
DOH	Department of Health
RHRU	Reproductive Health and HIV Research Unit
NCPTP	National Campaign to Prevent Teen and Unplanned Pregnancy
SALDRU	Southern Africa Labour and Development Research Unit
UNFPA	United Nations Population Fund
WHO	World Health Organisation
SMG	State Maintainance Grant
USA	United State of America

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CHAPTER 1

INTRODUCTION

1.1 Introduction

Teenage childbearing is a worldwide problem that emanates from early initiation of sexual activity (Cherr, Dillon and Rugh, 2001). According to Felice *et al* (1994) teenage childbearing is a challenging and complex issue that families, societies, health workers, educators and teenagers themselves face daily. It is a social problem that has implications for the development and empowerment of women in South Africa (Mwaba, 2000). Furthermore, it has consequences for health especially in light of the HIV/AIDS pandemic in the sub-Saharan African region, (Yeatman, 2009). Yet the perception of the effects of early sexual debuts as risky, and the perceptions of protective strategies are often overlooked. An understanding of the factors that influence teenage childbearing is therefore imperative.

1.2 Background of the study

Teenage childbearing is defined as when a girl falls pregnant before the age of 19 years (Swanson-Jacobs, 2008), although this age varies across the world. In African countries for instance, a girl is considered a teenager when she is younger than 19 years (Swanson-Jacobs, 2008). Research indicates that unintended teen pregnancy is a major reproductive health problem among young people in sub-Saharan Africa, and that not all exposure to the risk of HIV infection and unintended pregnancy in sub-Saharan Africa is voluntary **(**Moore *et al*, 2007). Many young people in the sub-Saharan Africa face the risk of HIV, sexually-transmitted infections (STIs) and unintended pregnancy. This high teenage pregnancy rate has raised major concerns for governments, researchers and communities (Cherry *et al*, 2001). According to Ojeda (2002) teenage birth rates are high where there is poverty and unemployment. Conrad (1996:3) theorised that "many unmarried teens are having babies as a rational response to prevailing economic conditions – specifically the job market they face". A study conducted on teen pregnancy in England and Wales and the effects of social policy between 1951 and 1992 concluded that education and job opportunities hold more promise for curtailing the birth rate than the removal of welfare and housing benefits (Selman, 1994). Leibowitz *et al* (1986) hypothesised that teens have a high time preference for the present and are less likely to carry a pregnancy to term if they are in high school and achieving good grades. Furthermore, Ojwang and Maggwa (1991) cited in Makiwane (2010) argue that teenage impregnation is believed to set the young mother and her

child on a trajectory of lifetime poverty. The Millennium Development Goals Report (2008) indicates that teen pregnancy contributed to the cycle of maternal deaths and childhood mortality, and that early motherhood not only increases the risk of dying in childbirth, but also jeopardizes the well-being of surviving mothers and their children. Children of teenage parents are more likely to have problems and eventually become teenage parents themselves, thus perpetuating the cycle of poverty. Children born to young mothers are also particularly vulnerable to perinatal mortality as mothers often lack financial support (Fisher, 2008).

In an attempt to tackle child poverty, the South African government introduced the Child Support Grant (CSG) in 1998 following the Lund Commission recommendation as the main cash transfer, payable to the primary caregiver of poorest children between the ages of 0 to 7 years (Biyase, 2005). This social provision was the government‘s contribution to poverty alleviation, and initially was meant to be disbursed during the children‘s most vulnerable younger years (Leatt, 2006). However, due to the high poverty levels among the 7–15–year-olds the South African government increased the age of CSG beneficiaries to 14 years in 2009 (Khumalo, 2009). To qualify for these grants calls for copies of the parent's identity document, the baby‘s birth certificate and an affidavit or proof from the police station that states that the father of the child has disappeared or is not alive (Department of Social Development, 2009). The CSG system plays an important role in enabling the caregiver to access food and to meet the child‘s needs (Agüero *et al*, 2007). Thus, it has been noted that a higher proportion of people living in informal settlements or rural areas are direct recipients of Child Support Grants when compared to those living in urban areas (Skweyiya, 2008).

The number of Child Support Grants beneficiaries has increased from 34 000 in 1999 to 6.5 million in 2005 (Skweyiya, 2008) and by 2007 more that 8 million children were recieving grants (Lund, 2008). Furthermore, more than 90 percent of the beneficiaries were women. Studies have shown that shown that the nutritional status of the child increased when the caregiver received Child Support Grants (United Nations Children's Fund, 2008). Makiwane (2010) has indicated that although CSGs were designed to benefit all children, not all children currently benefit. Some caregivers do not have the required documents for the child, such as an identity document and birth certificate for themselves and for the child. As a result, their applications are not considered at the Department of Social Development. In 2006 and 2007, about 75 percent of poor children below the age of 7 years did not get Child Support Grants. Currently, about 60 percent or 11 million poor people are uncovered (Leatt, 2006).

However, Child Support Grants have been perceived to be influencing and contributing to teenage pregnancy (Planned Parenthood Association of South Africa, 2003:29 in Biyase, 2005:8). According to Makiwane (2010) the grants have sparked a debate about welfare and childbearing behaviour of teenagers that is more commonly heard in developed countries like the United States of America. Researchers have indicated that in the United States about 50 percent of young mothers go on welfare within one year (Rodriguez & Moore, 1995 in Makiwane, 2010). It has been argued that many teenagers choose to become pregnant in order to qualify for the government‘s monthly child support grant (Health System Trust, 2000).

The CSG is secured by unemployed mothers (Biyase, 2005). According to Leatt (2006), most women plan to have a number of children in order to earn more, and as a result some poor households are of the view that the grant is likely to reduce the cost of childrearing (Biyase, 2005). However, CSG was introduced with the aim of replacing the State Maintenance Grants (SMGs); on the other hand critics indicate that it brings about perceived incentives (Mokomo, 2008). This study attempts to investigate the perceptions of the impacts of the CSG on teenage childbearing by interviewing key informants (life skills teachers and principals) in schools and teenage themselves.

1.3 The importance and the motivation of the study

South Africa has a huge teenage childbearing problem, with estimates showing that one in three girls has had a baby by the age of 20 (Harrison, 2007). Teenage childbearing are high in numbers each year and are emerging as a social problem (RHRU, 2003; Cherry *et al*, 2001). This development has called for concern by the government and other stakeholders alike. There has been an ongoing debate by most researchers that the Child Support Grants are an incentive for young women to fall pregnant. However, the results have been inconsistence to support the debate about Child Support Grants and teenage Childbearing. Skweyiya, (2008) argues that it is still too soon to expect sufficient results because Child Support Grants were introduced in 1998.

Furthermore, Planned Parenthood Association of South Africa (PPASA) (2003:29) study indicated that the Child Support Grants increased from R100 in 1998 to R160 in 2003, but rate of fertility decreased from 26.4 percent to 16.7 percent in the same period (Mokoma, 2008:11). Nevertheless, many studies conducted in South Africa have failed to determine to what extent the Child Support Grants serves as an incentive to young mothers. An ongoing study was

commissioned in 2010 by UNICEF through the Department of Social Development to examine the impact of the Child Support Grants, found that in 2008 CSG were paid to caregivers of over 8 million poor children every month.

This study explores sexual and reproductive health patterns by understanding the experiences observed among teenagers. Even though Child Support Grants and teenage childbearing related issues have received much attention in South Africa, however, it is imperative to better understand the localised experiences in the variety of contexts by exploring Durban as a case study. Durban area is characterised by poor socio-economic conditions which includes unemployment, poverty, and reliance on government grants and limited opportunities for teenagers (eThekwini Municpality, 2010). As a result, these conditions might provide significant incentives for and pressure on teenagers to have children. Since there has been no previous studies identified in Durban with regards to teenage childbearing and Child Support Grants, this study find it very crucial to understand the pressure that may influence teenagers childbearing at a young age.

This study explores opinions and perceptions of teenagers and school key informants (Life orientation teachers and principal of the schools) with regards to Child Support Grants. Teenage childbearing is associated with low achievement scores and high risk of dropping out. As a result, the study is of the opinion that school key informants perceptions also have an impact on teenage childbearing in relation to Child Support Grants. It is the purpose of this study to investigate the nature of such perceptions as well.

1.4 Aims of the study

The overall objective of the study is to examine the sexual reproductive practices of teenagers. To understand the attitudes and perceptions of teenagers regarding Child Support Grants in Durban.

1.4.1 Questions that this study seeks to answer

i. What factors influence teenage childbearing?

ii. What are perceptions of key informants and teenagers concerning Child Support Grants?

iii. Is there pressure on teenagers to fall pregnant in order to access Child Support Grants?

1.5 Analytical framework

Hallman (2004) developed an analytical model of factors that influence sexual reproductive behaviour of young individuals. The model presents individual proximate determinants of sexual and reproductive behaviour that are influenced by society, community and household factors. Hallman‘s conceptual framework argues that knowledge interacts with skills, experience, confidence and self-esteem. It also interact with opportunity structures such as livelihood options and school attendance, and health services availability with the aim to affect young people sexual behavior. This model indicates that the society can play a crucial role in controling the livehood activities that young people are engaging themselves. Livelihood activities can influence communities and households by raising skills and experiensce levels for young people (Hallman, 2004). While on the other hand, school enrollment can increase health knowledge for young people.

However, in the society where communities and households have poor livelihood activities, young people are more likely to have low-self esteem, less skills and lack confidence (Baumeister, 2003). Teenager‘s good self esteem correlates with success in life, mainly because good grades and confidence can allow a teenager to have different opportunities (Baumeister, 2003).

The model also argues that individual proximate determinants are interconnected in such a way that socio-economic activities increase the level of skills and experience (Hallman, 2004). Hallman (2004) indicated that socio-economic is interrelated to education of young people. Wojcicki (2005) argued that education is the main indicator of socio-economic status. The community that characterised by poor socio-economic conditions including unemployment, poverty, reliance to government grants and limited opportunities for teenagers is more likely to lack skills. Education plays an important role in skills and experience, whereby it influence the risk behavior of young people (Braveman et al, 2001 in Hallman, 2004). Socio-economic factors may influence health by limiting social and educational opportunities, limiting access to health prevention and treatment services, and shaping health behaviours (Santeli *et al*, 2000).

Young women with little education are less likely to withdraw themselves from risk behaviors (Jukes, 2008). Community, parents and school enrollment have an influence in the education of young people. If parents aspiration for education and personal growth are low, the lesser the chance of communication and to educate their children about risk behavior (Hallman, 2004).

Studies have shown that parental education is important in determining children‘s achievement (Klebanoy *et al*, 2004). The belief and behavior of the parents may lead to the positive outcome for the children. Education can help parents to be more efficient teachers in their households. Higher socio-economic factor, as measured by parental education, has also been associated with a increased probability of high knowledge and skills (Santelli, 2009).

However, the household charecterised by low standard of living whereby there is unemployed and no income to support, the higher the chance of risk behaviors for children. Higher community unemployment was also associated with a greater risk behaviors (Santelli, 2009). The model explains that family socio-economic status characteristics and education of the child have an influence in determining the behavior of the children (Hallman, 2004). In the household where there is poverty, children are less likely to be encouraged to enroll in school. In the attempt to alleviate poverty, Child Support Grants was introduced. Child Support Grants was introduced as one of the strategy to alleviate poverty for many poor households (Voster, 2006).

Thus, Child Support Grants has proven to be successful in the poverty alleviation measure for most households. Child Support Grants has targeted the impoverished children with an aim of providing the poorest parents or caregivers with monthly cash to cover day-to-day needs of children under the grants (Mokoma, 2008). Child Support Grants as cash benefits has become an important means of income, and to some individuals and families, Child Support grants can be the only source of income for everyday survival. Some households depend on the Child Support Grants money to buy food, uniforms, to pay school fees, and for health care. Therefore, Child Support Grants can assist parents to use the money to take their children to school.

The study follows the model

Studies have indicated that skills are important in the development of the teenager. This enables a teenager to have knowledge about when it is necessary to negotiate about sex with their partners. Young people are likely to be influenced by sexual behaviour, for an example, early age at first sex may interfere with school attendance and educational attainment which may result in the risk of early pregnancy. Even though South African policy allows young people to retain into school after birth of the child, however, early childbearing related to school disruption is a major problem (Hallman, 2004). Young people who drop-out of school due to pregnancy find it difficult to return to school as responsibilities for the child are demanding. This, along with

school attendance into the late teens and early twenties being the norm, makes youth education not independent in a model that examines youth sexual behaviours in South Africa (Hallman, 2004).

In that way parents have a protective role to play in delaying early teen sexual activity and reducing the risk of harmful consequences. Such protective parental influences include the intact family structure, parents‘ disapproval of adolescent sex, and a strong parent-child relationship. A study by Dittus (2000) found that, teenagers who reported to be satisfied with their relationship with their parents were 2.7 times less likely to engage in sex that teenagers who have little satisfaction with their parent relationships.The study also indicated that relationship was associated with a lower probability of engaging in sex, high probability of using birth control if sex occurred and lower pregnancy. When parental responsiveness was high, sexual discussions between parents and teens were significantly associated with increased condom use during most recent intercourse.

Communication between the parents and the teenager is crucial especially about sexual and reproductive health. However, it has been reported that some parents are not willing to share information about sex and contraceptives because it is considered as culturally unethical (Hayes, 1987). Furthermore, some parents are even providing false information concerning sex and discourage their children from engaging in any informative discussion about sexual intercourse (Wood *et al*, 1998). The lack of communication between the teenager and the parents place teenagers in poor conditions of not knowing about where to access and use contraceptives. The occurrence of teenage pregnancy corresponds with the breakdown of communication between the parent and child as they are not well educated about sex.

However, parents themselves may also lack information or are misinformed about sex and preventive measure against pregnancy (Soper *et al*, 2004). In households where the parent is not very educated and where the teenagers‘ aspirations for education and personal growth are low, the chances of engaging in sexual activity early are high (Hallman, 2004). Figure 1 shows how society, the community and household have an impact on teenage pregnancy. This is due to the fact that many young people are living in household or have adult responsibilities such as caring for younger siblings or sick parents and perform adult roles of being a parent (Hallman, 2004). Other sources suggest that lack of closeness in the parent-teen relationship increases the negative influence of peers (Benda et al, 1991). Inadequate parenting may actually encourage a variety of

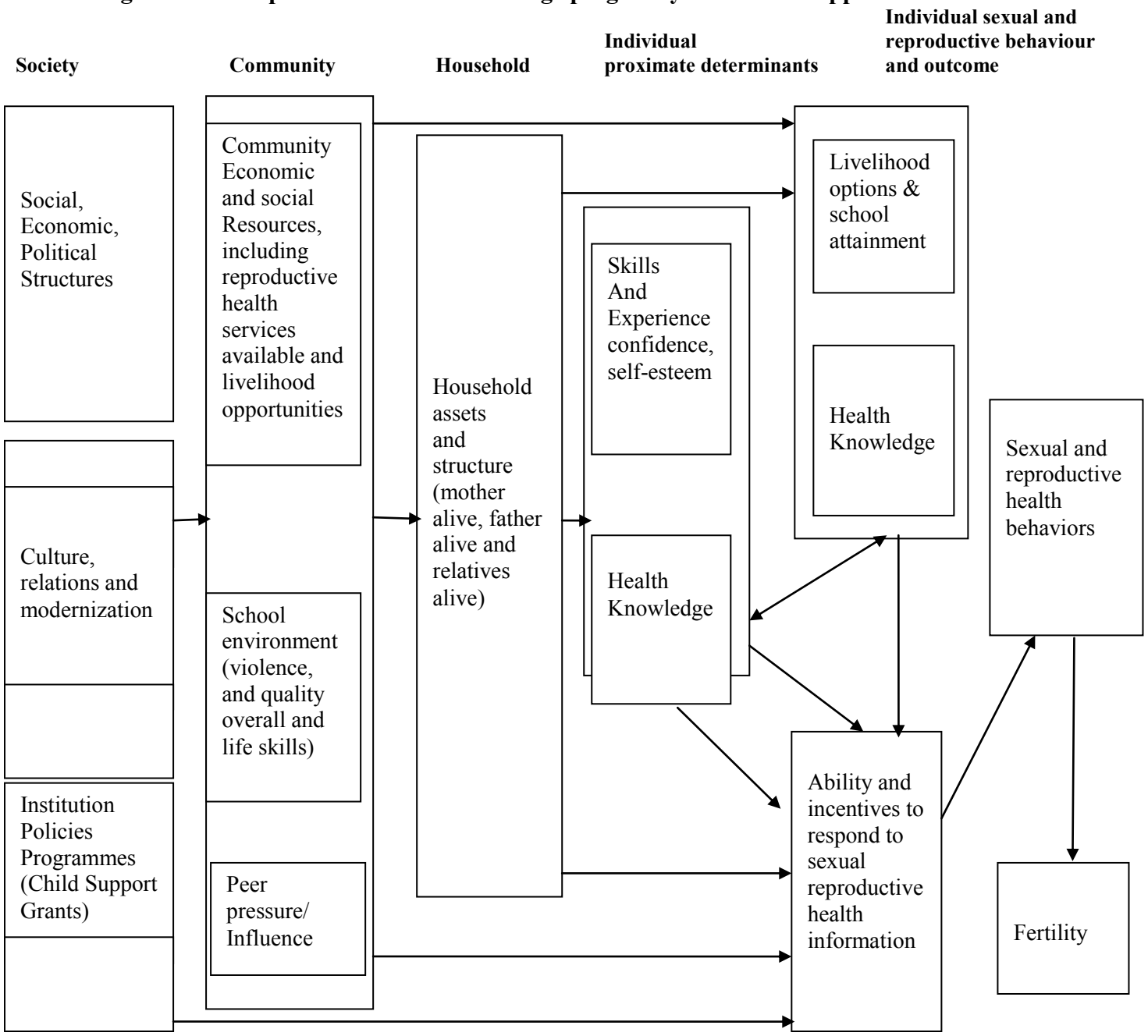
negative adolescent behaviour. Having friends or peers who have unprotected sex can strongly influence one‘s own behaviour change.

Socioeconomic disadvantage is also associated with risk of unsafe sexual behaviours and experiences, especially for teenage females (Hallman, 2004). Households with low socio-economic status are likely to increase the odds of females exchanging sex for money or goods, and some females may opt to become pregnant with the aim of improving their economic status. Kanku, (2010) indicated that Child Support Grants was seen as means of increasing the household income and an incentive for teenagers to contribute through having baby. This is sometimes encouraged directly or indirectly by parents or other family members. This outcome has also been encouraged by policies that influence young mothers to return to school after the birth of their children, and they are able to access Child Support Grants if they are from disadvantaged families (Kaufman, De Wet, and Stadler, 2001). Diedon and Gustafsson (2003) reported that almost two fifths of South African children live in female headed household, however, it not clear whether this circumstance can influence teenagers to take advantage of the Child Support Grants to improve their economic status.

Using this analytical framework, the study is expected shows that the intentions of the teenagers regarding their behaviour are likely to results in early sexual initiation and childbearing. Whether these result in actual sexual and reproductive behaviour is also controlled by various factors and by the actual relational skills of the teenagers. This also depends on the society, community and household factors that might influence these teenagers to positively or negatively respond in such behaviour.

Principle of theoretical conceptual framework

Figure 1: Conceptual framework of teenage pregnancy and Child Support Grants



Source: Hallman, (2004)

1.6 Definition of terms

Adolescent pregnancy:

The term adolescents are often used synonymously with ―teenager". An adolescent or teenager in this study is a girl aged 15 and 19 years old. Adolescent pregnancy means girls who were currently pregnant and who had ever been pregnant during the study.

Teenage childbearing:

Teenage childbearing is defined as the number of births per 1000 girls aged 15–19 in a specified period of time. For this study, childbearing will refer to girls who give birth before age of 19 years.

Teenage fertility:

Is the number of live births per 1000 girls aged 15-19 years in a specified period of time. This is calculated using total fertility rate, where by it defined as the mean number of children a woman would have by the end of her childbearing years if she were to pass through these years bearing children at the age-specific rates.

1.7 Organisation of dissertation

This report consists of six chapters. The first chapter discusses the background of the study. It looks at the main motivation, aims and objectives of the study, the theoretical framework, as well as the significance of the study. Chapter two discusses the literature review on factors influencing teenage childbearing. It also discusses the perception of the researched community about CSGs in relation to teenage childbearing. Chapter three outlines the research design and the methodology including the sampling method, data collection method and techniques of data analysis. Chapter four presents the quantitative findings of the surveys which were conducted with young teenagers in two schools and at a paypoint. Chapter five presents qualitative findings of in-depth interviews obtained from teenagers in a school and at a paypoint, and headmasters and teachers of two schools. Chapter six presents the summary of the main findings, conclusion and gives recommendations for future research on teenage childbearing and CSGs.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Studies have demonstrated that socio-economic and demographic factors play a significant role in observed levels of teenage childbearing in sub-Saharan Africa (Tamkins, 2004). This chapter reviews literature on the level and trends of teenage pregnancy and childbearing including the effects of knowledge about contraceptives, knowledge of sexual and reproductive health, parental relationship and guidance, childhood environment, socio-economic status and educational attainment as key determinants. These factors are understood to be the main contributors to teenage childbearing. The second part of this chapter explores literature on the community's perception on the effects of government social support, which is in the form of the 'Child Support Grant' in South Africa, on teenage childbearing.

2.2 Levels and trends of teenage childbearing

Mokoma (2008) argues that teen childbearing remains one of the most important issues in governmental agendas and in the world as a whole. The majority of sub-Saharan African countries have unusually high levels of adolescent childbearing, reaching totals of up to 143 per 1,000 girls aged 15–19 years. This is more than twice the worldwide average of 65 per 1,000 (Boonstra, 2007). The World Health Organization states that in some African countries, 30 to 40 percent of all adolescent females experience motherhood before the age of 18 years (World Health Organization, 2004:11).

One of the key drivers of the observed levels of teen pregnancies is early initiation of sexual activities coupled with a high prevalence of unprotected sex. A report from the Population Reference Bureau in 2008 shows that in most sub-Saharan Africa, more than 80 percent of women have had sex by the age of 20, and the levels range from 40 percent to 80 percent among men. Teenage childbearing is likely to be common in countries such as Côte d'Ivoire, Madagascar, Mali, Mozambique, Kenya, Zimbabwe and South Africa (Guttmacher Institute, 2002). More than 65 percent of girls aged 15 to 19 in Malawi are either pregnant or already mothers. "The proportion of 18-year-olds who are or soon will be mothers ranges from 21 percent in Ghana to 68 percent in Uganda" (Population Reference Bureau, 2001:11).

South Africa's total fertility rate is one of the lowest in sub-Saharan Africa, indicating a continuous decline in the first half of the 1980s when the rate was 103 per 1,000 (Mostert, 1990). This was followed by a slight increase to a level of 106 per 1000 by 1990 (Mostert, 1990), then it declined by 10 percent between 1996 (78 per 1000) and in 2001 (65 per 1,000) (Moultrie and McGrath, 2007). Low teenage fertility was also reported in the 2007 Community Survey, where it declined to 54 per 1,000 (Statistics South Africa, 2008).

The major difference that can be observed in South Africa is that teenage childbearing mostly happens outside of marriage while in other countries in sub-Saharan Africa, teenage fertility takes place in the context of early marriage and high rate of teenage childbearing has remain a concern (Makiwane, 2006). In 1998, more than 35 percent of South African adolescents became pregnant before the age of 20, and more than 30 percent of 19-year-old girls had given birth at least once (SADHS, 1999). The teenage childbearing figures are quite high for the Black African (19.3 percent) and coloured (17.8 percent) population compared with the Asian (4.3 percent) and white (2.2 percent) population (Manzini, 2001). Mwaba (2000) argues that the results of research by the Medical Research Council (MRC) showed that one in three girls will be pregnant by the age of 20 years.

Some studies indicate that there is considerable variation in provincial teenage pregnancy rates. The 2003 Demographic Household Survey (DHS) reports found that teen childbearing was the highest in Limpopo (17 percent), followed by Northern Cape with 15 percent. DHS (2003) also reported that KwaZulu-Natal rate of teenage pregnancy was lower than the other provinces, having declined from 17 percent in 1998 to two percent in 2003 (Berry and Hall, 2009).

2.3 Factors influencing teenage childbearing

Different factors have been identified regarding the influences of teenage childbearing. Early sexual intercourse (Tripp, 2005), lack of knowledge and contraceptive use (Parker, 2005), poor educational attainment, lack of sexual reproductive information, lack of parental guidance, supervision and family structure (Schear, 2006), and childhood environment (Tamkins, 2004) all appear to be related to teenage childbearing. Socio-economic status such as poverty and social deprivation were also included as influencing factors (Sawhill and Harmeling, 2000). These factors are discussed in the next subsections.

2.3.1 Early sexual initiation

The high level of sexual activity among teenagers has been documented worldwide. A growing of literature demonstrated that the timing of first intercourse is an important indicator of the onset and duration of exposure to the risk for unplanned pregnancy, STIs and HIV (Zaba *et al*, 2004; Munthali *et al*, 2006; Manzini, 2001). A survey by the Alan Guttmacher Institute in 2004 showed that in the United States of America (USA), 42 percent of teenagers have had sexual intercourse by the age of 16 years and 71 percent by the age of 18 years (Zwane, 2004:16). The United States report of 1997 shows that about 22 percent of boys aged 14 and younger**,** and 17 percent of girls aged 14 and younger**,** reported having had sex at least once (Cushman, 1999). Tripp and Viner (2005) reported that in the USA, by the end of 15 years, more than 18 percent of boys and 15 percent of girls have had sexual intercourse. In South African studies, reasons cited for early unprotected sex include poverty, unemployment, overcrowding, and low levels of education as well as a lack of knowledge about HIV and AIDS (Du Plessis *et al*, 1993; Preston-Whyte and Zondi, 1991; Wood *et al*, cited in Eaton *et al*, 2003).

"The younger teens initiate sexual activity, the higher the probability that they will have more lifetime sexual partners. Those who are younger at first intercourse (15 to 17 years) acquire more partners more quickly in the first few years of sexual activity than older teens who initiate sex actively between 18 and 19 years" (Cushman, 1999:3). As a result, in the United States about 822,000 pregnancies occurred in the 15 to 19–year-old age group in 2000; of these approximately two thirds were 18 to 19 years old (The Alan Guttmacher Institute, 2004). In sub-Saharan Africa more than 29 percent of teenage women are sexually active by the age of 15 to 19 years. However, this is more than the United States where the figure stands at 24 percent (Hopkins, 2003). Many adolescents in sub-Saharan Africa are sexually experienced, including those that are unmarried. In sub-Saharan Africa, by the age of 20, more than 80 percent of girls are sexually active. In six out of 11 countries of sub-Saharan Africa, nearly 150 young women first had sexual intercourse before the age of 15. The percentage of young women, who first engaged in sex before the age of 15, ranges from five percent in Zimbabwe to 32 percent in Côte d'Ivoire. The percentage of young men, who first engaged in sex before the age of 15, ranges from 4 percent in Ghana to 39 percent in Zambia (Population Reference Council, 2001:15). In some settings, young girls and boys differ in terms of early sexual experience. Reports show that in Kenya and Zambia more boys than girls are likely to have had sex by the age of 15 years. More than 53 percent of girls in Nigeria have already had sex by the age of 15 to 19 years, followed by Uganda with 49 percent and Botswana with 32 percent (Noble, Cover, Yanagishita, 1996).

Many studies in South Africa have indicated that teenagers are engaging in sexual activity at younger ages each year (Manzini, 2001). Tripp and Viner (2005) argue that having sex while still young may indicate unprotected sex. Teens also lack knowledge of access to contraception, and skills and self-efficacy to negotiate contraception. Manzini (2001) stated that sexual intercourse at early ages is a concern because it marks the beginning of exposure to the risk of unintended pregnancy and sexually transmitted infections (STIs). Studies show that nearly half of the girls in South Africa have had sex by the age of 16 years. Overall, approximately two thirds (67 percent) of young people aged 15 to 24 years reported having had sexual intercourse. Sexual experience increased with age, with 48 percent of 15–19-year-olds reporting having had sex compared to 89 percent of 20–24-year-olds, with no gender differences (Reproductive Health and HIV Research Unit, 2009:1). Among youths that indicated to ever having had sex, the mean age between males and females was more or less the same. The mean age for males was 16.4 years while for females it was 17 years (RHRU, 2009). Males reported earlier sexual initiation than females, and the black African youth were more likely to start sexual activity in their teens than were other ethnic groups (Eaton et al, 2002).

When teenagers start at an early age to indulge in sexual behaviour, it is more likely that it could lead to pregnancy. Harrison (2008b) stated that teenage childbearing increased with the age of sexual activity. HSRC reported that at the age of 15 the ratio of the number of girls reporting sexual activity to the number who actually fall pregnant is 13:1. Thus, the ratio decreases at the age of 16 to 7:1, while at the age of 17 years it decreases to 3:1 (HSRC, 2009:6). Approximately 37 percent of South African women have fallen pregnant by the age of 19 years and about 80 percent of them have already had sex (Makiwane, 2006).

2.3.2 Contraceptive use

While research indicates that youths know of and sometimes use contraception, both the numbers of young women who conceive and the rate of HIV infections in South Africa suggest that this use is erratic (Macleod and Tracey, 2010). Knowledge is essential, but not sufficient, element of effective contraceptive use. This study will now examine the youth‘s knowledge and use of, and access to contraceptives.

2.3.2.1 Knowledge of contraceptives

One of the most important reproductive health services for teenagers is contraceptive services. Though contraceptive knowledge and support of contraception in adolescents is high, the level of actual use among sexually active adolescents is low (Neema, 2004). Arai (2003) stated that poor knowledge of contraceptives is cited as one of the reasons for ineffective or non-use of contraceptives. On the other hand, studies have shown that most young people are quite knowledgeable about modern methods (Bankole *et al*, 2007). The SADHS (1998) reported that there is a high level of knowledge of modern contraceptive methods among unmarried sexually active women (99.2 percent), while the study also reported that there is a slightly lower level (85.5 percent) of knowledge about modern methods of contraceptives among sexually inexperienced women. This shows a variation between unmarried sexually active women and sexually inexperienced women regarding knowledge of modern contraceptive methods.

Studies have indicated that even though there is a high level of knowledge of contraceptive methods, gaps exist (Conover *et al*, 2008). A study conducted in Johannesburg-Soweto in 1998 found that education and information about sex is scarcely available for young girls in South Africa (Kaufman, 2001). This is justified by the fact that although most teenagers have knowledge of different types of available contraceptives, they have little knowledge of where to find them and how to use them. This is exacerbated by the fact that teenagers lack knowledge of, or access to, conventional methods of preventing pregnancy, as they may be too embarrassed or frightened to seek such information (Palamuleni *et al*, 2007). Some of the reasons given for contraceptive non-use include side effects, lack of appropriate knowledge about the methods, opposition to use (personal, social and religious), misconceptions attached to safety of use, and costs related to the purchase of contraception. Therefore, there are still unmet needs for contraception in South Africa (Sarkar, 2006). Unmet needs for contraception usually refers to a situation where women do not want any more children or want to delay their next child for two years or longer but are not using any method of contraception (Population Reference Bureau, 2003). Despite early marriage and high fertility, there is still a high level of unmet needs for contraception among single and sexually active young woman. "Women with unmet needs say they would prefer to postpone their first or next birth by at least two years or to limit their births, but are not using contraception. This is due to the fact that there is a strong motivation to postpone pregnancy especially if unmarried, as well as a scarcity of reproductive health services for single adolescents" (HSRC, 2009:15). As a result, contraceptives are proven to be used, but inadequately.

Consequently, negative perceptions about contraceptives play a significant role in whether adolescents will use them or not. Inexperienced teenagers may improperly use condoms or forget to take oral contraceptives during sexual activity and this can lead to a possible pregnancy (Williamson, 2009). This is mainly because some teenagers believe that condoms create problems such as rash in the vagina (Wood *et al*, 1998). Other teenagers believe that condoms can be mistakenly left inside the vagina and would have to be removed by a doctor in a hospital (Jackson and Harrison et al, 1999), and that condoms also reduce sexual enjoyment for both partners (Maharaj *et al*, 2006). Furthermore, some teenagers believe that the contraceptive injections result in infertility while others believe that pregnancy can only be prevented by taking contraceptives on the day their boyfriends visit them (Wood *et al*, 1998). Some young women also believe that changing partners regularly and also abstaining from sexual activity in the second half of their sexual menstrual cycle can prevent pregnancy.

Hof and Richters (1999) argue that personal and social attitudes toward sexuality and contraceptives influence young women‘s decisions on whether to adopt family planning or not. Teenagers are educated about sex, but they still choose to engage in sexual risky behaviour (Chang and Chisholm, 1998). If a person decides to engage in risky behaviour and feels ashamed of being sexually active, then it is unlikely that the person will go out and look for contraceptives (Hof and Richters, 1999). However, Lagana, (1999) indicated that teenagers engage in risky behaviour mainly because they believe that contraceptives are not available for young people and hence they only perceive the high cost of contraceptives (such as morning after pills).Furthermore, teenagers have the perception that sexual activity has high benefits, so it follows logically that they have very limited consideration of future effects (Chang and Chisholm, 1998).

2.3.2.2 Lack of knowledge of emergency contraceptives

Knowledge of emergency contraception is scant among young people. Therefore, high rates of teenage and unintended pregnancy in South Africa persist (Parker, 2005). For instance, emergency birth control pills, commonly known as morning-after pills are available at clinics or any pharmacy. However, most teenagers do not know whether they are available or not, and if available, where to find them and how to use them. In the study that was conducted in Western Cape, South Africa in 2005 with 26 public sector primary care clinics, it was found that four percent of women had never used emergency contraceptives (Myer *et al*, 2007). Only 30 percent

of women indicated to have ever heard of emergency contraceptives (Myer *et al*, 2007). Furthermore, only 15 percent of women spontaneously mentioned the emergency contraceptive by name or description (Myer *et al*, 2007). Mfono (1998:180) reveals that teenage contraceptive use in South Africa is constrained by the attitude in associating sexual involvement with marital commitment and stable relationships neither of which is characteristic of teenage relationships. Tripp and Viner (2005) argue that access to morning-after or emergency pills is an important and effective preventive measure against unwanted pregnancies. It should be taken into account that emergency pills can never work in the same way as regular birth control pills (Fox, 2008).

2.3.2.3 Patterns of contraceptive use

Contraceptive use is the main proximate determinant responsible for fertility reduction and it is mainly practised with the aim of reducing childbearing (Palamuleni *et al*, 2007). Westoff and Bankole (2000) asserted that results from a number of surveys from different countries indicate a decline in fertility due to an increase in modern contraceptive use. Most teenagers have been relying on modern contraceptives. In most sub-Saharan African countries, the use of modern contraceptives has increased from one percent in 1988 to 20 percent in 1998 (Population Reference Bureau, 2001). For instance, DHS for Ghana in 1998 reported an increasing number of contraceptive use from three percent in 1988 to 23 percent in 1998 (Population Reference Bureau, 2001). In Zimbabwe, the level of contraceptive use among married teens is one of the highest, with 30 percent relying on modern methods when compared with other African countries. This level of modern methods use among sexually active teenagers has also been experienced in countries such as Côte d'Ivoire, Ghana, Kenya, Mali, and Uganda with more than 15 percent using modern contraceptives (Population Reference Bureau, 2001). Teenagers who reported using contraceptives consistently constituted 63 percent, with 69 percent and 59 percent of males and females respectively in their first sexual relationship. Alternatively, 16 percent of males and 21 percent of females reported that they have never used contraceptives (Manlove, Ryan and Franzetta, 2003). The increase in use of modern methods was particularly dramatic among sexually active young women who are not married (Population Reference Bureau, 2001). The most predominant method used among teenagers was the condom, accounting for 80 percent of contraceptive use (Manlove, Ryan and Franzetta, 2003). On the other hand, Green *et al*, (2000) pointed out that the study conducted in Mozambique showed the pill and injectables as the most commonly used method with 89.4 percent.

The increase in use of modern contraceptives is due to the fact that most countries are beginning to understand the number of available contraceptives and how to use them properly. This has commonly been combined with an increasing trend in the age at first birth, even though wide variation remains across countries and social groups (Gupta, 2003). "Increased education, innovations in health care and improved communication had brought about forces dissolving traditional tendencies toward large families and replacing them with individualism marked by material aspirations," (Gupta and Mahy, 2001:9).

In South Africa, there has been progress in the use of contraceptives among youth and has been cited as one of the factors contributing towards the decline in teenage fertility (Panday and Makiwane, 2009). Maharaj (2006) argues that approximately 52.2 percent of sexually active women aged 15 to 24 in South Africa use modern contraceptive methods. Moreover, two thirds (66.6 percent) of teenagers reported using hormonal methods only, under a third (26.5 percent) used condoms only, and fewer than 10 percent (6.8 percent) used dual methods (e.g. condoms and hormones). DOH, MRC, and Measure DHS (2002) reported that 28.5 percent of 15 to 19-year-olds and 57.2 percent of 20 to 24-year-olds used contraceptives. This was distributed as follows: pills (3.5 percent and 9.6 percent respectively), IUD (0.1 percent and 0.4 percent respectively), injectables (22.9 percent and 42.5 percent respectively) and condoms (2.0 percent and 3.5 percent respectively). Panday et al, (2009) reported that there was an increase of condom use by sexually active males and females aged 20 to 24 years from 7.6 percent in 1998 to 72 percent in 2002 and to 55.7 percent by 2005. However, the rate of contraceptive use is almost 20 percent lower for females, while for males it has increased from 57.1 percent in 2002 to 72.8 percent in 2005.

Contraceptives are cited to be used in most areas of South Africa. However contraceptives for teenagers are still a problem because these require prior planning and preparation. Most teens report that their first sexual intercourse just happened and that they did not plan to have sex at the time (Kristian *et al*, 2010). As a result, the possibility of them using contraceptives is relatively low. In Limpopo province, results of the study done by Wood and Jewkes (2006) show young girls only use contraceptive pills when their partners visited them or they used half the number of pills to reduce weight gain. Mwaba (2000) reported that in five high schools located in the greater Mafikeng area of the Northwest province of South Africa, from a sample of 221 pupils (118 females and 103 male), it was found that about 50 percent of teens fell pregnant because they were ashamed of using contraceptives, 49 percent for fear of parental reaction to the use of

contraceptives, and 43 percent because they did not trust the contraceptive method. This exposition shows that contraceptive use among teenagers is still relatively low.

2.3.2.4 Contraceptives and social pressure

Social pressures can also contribute to the lack of knowledge and access to contraception. Many teenagers are subjected to pressure from their families and male partners to prove their fertility. Social pressure can easily prevent young women from using contraceptives (Wood *et al*, 1998). A study on teenagers and clinic nurses in the Limpopo Province indicated that a number of grandmothers put pressure on teenagers to get pregnant so that they would have a baby to ‗play with' and so ease their loneliness (Wood et al, 1998). In another study that was carried out by the MRC in Limpopo in 1997, out of 35 girls interviewed, about 20 felt that they would only be accepted as women once they had proved their fertility, and men therefore put pressure on them to fall pregnant (Wood and Jewkes, 2006). Many teenagers are not taught about methods of birth control or how to deal with peers who put pressure on them to have unwanted sex (Miller, 2005). Many teenagers engage in early sexual behaviour mainly because of peer pressure and are pushed to behave in a particular way (Wood, 1998). Fox (2008) stated that being part of a teen group that indulges in sexual behaviour would result in each member indulging in sex because they would feel that they have to conform to this group. The Kaiser Family Foundation (2003) reported that many teenage females admitted that they engaged in sexual intercourse because of pressure from their boyfriends who desired it. In similar findings, it was noted that one in three females aged 15 to 17 years, felt pressured by men or boyfriend to have sex (Mantell, 2006).

In 1997 the MRC interviewed staff nurses in 14 clinics in the Limpopo province. The study found that social pressure from nurses to prevent the use of contraceptives is a barrier to teenagers (Wood and Jewkes, 2006). Wood (1998) argues that previous research indicates that several serious barriers to teenage access to contraceptive services exist, including clinic nurses' obstructive attitudes, teenagers' fear of social retribution for their early sexual activity, and lack of confidentiality, especially in rural clinics (Abdool-Karim et al, 1992; Mathai and Jewkes, 1996; NPPHCN, 1995). A study by the Medical Research Council (2006) indicates that the attitude of nurses is seen as a major barrier to teenagers getting a hold of contraception. This is due to the fact that most nurses are uncomfortable about providing teenagers with contraceptives, particularly with the use of condoms as they felt that they should not be having sex (Wood, 2006). When nurses allow teenagers to use contraceptives, they force teenagers to use

injectables, which they perceive as the most reliable form of contraceptive (Wood and Jewkes, 2006). As a result, teenage girls often feel unwelcome as many nurses are highly judgmental and unhelpful towards young women. Studies have also reported that some clinics seem to have negative attitudes towards young people taking contraceptives and therefore pay attention to married couples only (Hof and Richters, 1999). Although South Africa has excessive family planning services and at some point more effort has been made to re-establish youth clinics, such services have been associated with negative judgment (Kaufman, 2001).

2.3.3 Condom use

It is generally believed that condom use requires at least planning in advance as teenagers need to prepare themselves. For example, teenagers have to get condoms from clinics or have to prepare themselves to buy condoms from stores, and still have to negotiate with their partners to use condoms. Though condoms require much preparation, however, condoms are used more than any other method of contraception. There is significant evidence that sexual negotiation of any kind (be it about condom use, faithfulness, or about the nature and frequency of sexual intercourse) is lacking in many sexual relationships among young people (Eaton *et al*, 2003). However, condom use has increased dramatically over the past few years. According to HSRC (2009:31), rates among young men increased from 57.1 percent in 2002 to 72.8 percent in 2005. Using the 2003 RHRU survey, Harrison (2008b) showed that condom use in fact peaks at a young age for women (16 years) but declines thereafter. Rates of condom use among men remained consistently high until about 21 years old, after which it declines. In the study of predictors of condom use in South Africa, it was found that the most notable association of condom use is related to first sexual experiences (Ellen *et al*, 2003). Ellen (2003) found that the best overall predictor of condom use is how early sexual activity began. The study of junior secondary school pupils in South Africa revealed that about one year after puberty, 149 pupils (70 females and 79 males) had engaged in sexual activity (Peltzer 2000:34-44). It was further indicated that, of these teens, most knew about condoms. However, only 25.3 percent of boys and 71 percent of girls used a condom the first time, and most of the boys and one third of the girls reported to having never used condoms. Similar, findings have been reported in youth populations elsewhere, implying that young men and women who begin their sexual lives safely tend to remain safe.

Hendriksen *et al*, (2007) argue that although the percentage has increased over time, it is lower than what would be necessary to reduce pregnancy. Data from South African household surveys

show that the proportion of young people using condoms is still quite low even when they have sex with people who are not their regular partner (Bertrand and Anhang, 2006). Further research reveals that a person with low self-esteem is more likely to think that condoms are offensive to their partner or that using condoms may make their partner think they are dirty, or to make them feel embarrassed about using condoms and to have a negative attitude towards condoms (Perkel *et al*, 1991). As a result, low condom use during sexual debut and inconsistent use increases the risk of unplanned pregnancy. HRSC (2003) found that less than half (46 percent) of young people reported to be using condoms during sexual activity in a 2003 RHRU survey. In addition, only a third reported always using a condom with their most recent sexual partners. William and Mavundle (1999) found that in 42 teenage mothers, only 2.4 percent of them used condoms consistently where teens reported to acknowledge the use of condoms as the safest method.

2.3.4 Parental relationship and guidance

Studies have revealed that the family structure plays a crucial role in the influence over teen childbearing. Social science research over the decades suggests that parents can play a protective role in delaying early teen sexual activity and reducing the risk of harmful consequences. Such protective parental influences include the intact family structure, parents‘ disapproval of adolescent sex, and a strong parent-child relationship (Kim, 2008). Staying in a family where there is an only one parent increases chance of early sexual initiation and it becomes difficult for the parent to discuss sexual issues with the child as a single parent. Ellis *et al*, (2003:821), indicate that the absence of a father in a family has a much greater impact on teenage sexual activity and pregnancy than any other behavioural or academic achievement. This shows the importance of a father‘s involvement and responsibility in raising children. Hogan and Hitigawa (1985) found that single mothers are less capable of monitoring their children‘s activities than having both parents in the family.

Several studies have found that adolescents are more likely to restrain their sexual activity if they feel connected to their parents and are satisfied with that relationship (Roche *et al*, 37). Researchers also found that if children perceived their relationship with their parents to be poor, they often were more likely to initiate sexual intercourse at a young age (Miller *et al*, 54). In turn, a younger age at first intercourse seems to add to attaining a greater number of sexual partners throughout one's lifetime (Miller *et al*, 59). The majority of parents lack communication with their children about accessing and the use of contraceptives, hence teenagers are at risk of

engaging in unprotected sex which leads to higher incidents of pregnancy (Schear, 2006). Killer (2006:2) argues that teen mothers have not been educated about sex prior to becoming pregnant, due in part to a lack of communication between the teenager and her parents. In addition, she states that many teenagers do not have any central facts about sexuality. Studies have reported incidence of parents and adults not willing to share information on sex and contraception because it is considered as culturally unethical (Hayes, 1987). Some parents even provide false information concerning sex and discourage their children from engaging in any informative discussion about sex (Wood *et al*, 1998). The occurrence of teenage pregnancy corresponds with the breakdown of communication between the parent and child as they are not well educated about sex. However, parents themselves also lack information or are misinformed about sex and preventive measure against pregnancy (Soper *et al*, 2004).

Reports show that less than half of parents believe that the consistent use of condoms is highly effective and can prevent teenage pregnancy (Wind, 2004). Tripp and Viner (2005) argue that the most appropriate contraceptives for most young people are likely to be condoms and contraceptive pills. However, it has been shown that people know about the methods but very few use them because there is a high failure risk with these methods. Some parents underestimate the effectiveness of contraceptives due to the fact that young women may use pills irregularly.

Statistics show that only half of parents recommend contraceptive pills (Wind, 2004). Studies show that condoms are 97 percent effective at preventing HIV/AIDS, and substantially decrease the risk of infection with other STDs. Medical evidence has shown repeatedly that regular use of pills and condoms prevent 97 percent of pregnancies, respectively (Wind, 2004). However, most parents believe that many teenagers cannot use condoms or pills correctly. Yet studies indicate that teenagers can use contraceptives in the same way as adults (Wind, 2004). Eisenberg (2004) argues that greater proportions of men than women surveyed believe that condoms are effective for pregnancy prevention (47 percent vs. 37 percent) and that teenagers are capable of using them correctly (33 percent vs. 23 percent), while more women than men believed that pills prevent pregnancy almost all the time (55 percent vs. 44 percent).

Since parents provide teenagers with insufficient information, teenagers may turn to friends or peers who mostly give them inappropriate or inaccurate advice (Hayes, 1987). Thus, peer groups can be the greatest influence over teenage sexual behaviour. In a study on high-risk sexual behaviour in South Africa, it was found that the youth are forced into having sexual intercourse

by peer pressure. Peer pressure plays a role in initiating sexual activity, which frequently ends in teenage pregnancies. However, one study indicated that it is only during mid-adolescence that peers have the greatest influence over children (Miller, 2006). Peers play an active role in the process of information sharing between the parent and the child. Wood et al (1998) argue that some teenagers describe friends as important sources of information about the relative advantages and disadvantages of using contraceptives. For instance, Flannery et al (1999) found that boys and girls who often spend time with their peers without adult supervision reported high-risk behaviour compared to teenagers who spend time at home and communicate with parents about sexual issues. Thus, having friends or peers who have unprotected sex can strongly influence one's own behaviour. This shows that the less time parents spend with their children, the more peers have to take over and to spread incorrect information.

2.3.5 Educational attainment

The level of education is a very important factor that influences contraceptive use among sexually active young women. It also has an impact on the pregnancy rate. Young people with more education are more likely to delay childbearing. In some countries in sub-Saharan Africa, more women with less than seven years of education have a child by the age of 18 years than ones with seven and more years of education. In a study conducted in the United States by Venture in 2004, it was shown that approximately 30 percent of teenage girls who have less than a basic education (less than seven years) have children by the age of 18 years. In that way, the risk of pregnancy is higher for teen girls with no formal education than for those with a secondary education (Muchuruza 2000:48)**.**

Young people who are still enrolled in school have the opportunity to gather information regarding their reproductive health. Education exposes young people to a wider social network and gives them chances to interact with their peers and medical personnel to discuss reproduction issues, being that they are much closer to health facilities within their premises/campuses (Santelli, 2004). Ndyanabangi *et al* (2004) argue that in schools, youths are able to access information and have a choice to decide what they want in life through education. Conversely, those who are not students lack such opportunities because they are given little attention. This often leads to lack of self-confidence and exposes them to STIs and HIV/AIDS. Youths should take responsibility for their well-being by choosing to use contraceptives to prevent pregnancy so it would not disrupt their education (Glasier *et al*, 2006). Ndyanabangi *et al* (2004) argue that

adolescents who are in school delay engaging in sexual activities compared to those who are out of school.

The National Campaign to Prevent Teenage Pregnancy (NCPTP, 2000) states that lack of opportunities and hope for the future for young people has been identified as the driving force behind high teenage pregnancy rates. In the case of South Africa, studies show that the pregnancy rate is high in schools located in poor areas and in schools that were poorly resourced (Chonan, 2009). Poor resources in schools increase the chances of teenagers having a poor education, as they are more likely to have insufficient information about the prevention of early pregnancy (Cunningham and Boult, 1996). Recent studies in sub-Saharan Africa suggested that most rural teenage pregnancies occur after dropping out of school (Hallman, 2006). Such teenagers find no reason to delay pregnancy because they are no longer schooling. Africans and Coloureds from poor and mostly disadvantaged families are more likely to have a poor education and hence have a high teenage pregnancy rate in South Africa (SARPN, 2008). According to Swartz (2002), pregnancy for Africans and Coloureds does not always result in loss of education opportunities. Teenagers who fall pregnant while they are still in school face the same challenges regardless of race, be they Whites, Africans, Asians or Coloureds (Swartz, 2002). However, the difference occurs when the family decides if it is willing to support the girl if she wants to go back to school.

The study by Maharaj (2001) using the 1993 South African Labour and Development Research unit (SALDRU) data, indicates that approximately 35 percent of African girls who have given birth at least once were currently in school. This shows that if the family is willing to take care of the child, then the teen mother will be able to continue with school. However, not all families think it is acceptable for the teen mother to continue with school after birth. Hallman (2001) indicates that even though children are allowed to go back to school, the majority of mothers do not do so because of child-care demand, and other families believe that having a baby is the beginning of adulthood and responsibilities should be taken seriously. According to Grants and Hallman (2006), although the policy of allowing young mothers to continue at school was not widely utilised, it is credited with lack of gender differences in total educational attainment and is believed to contribute to the observed long delay before the birth of a second child to adolescent mothers in South Africa. Continuing with school after giving birth, allows the teen mother to learn from mistakes and be able to continue with her career and delay the second child.

2.3.6 Gender power imbalance

Literature indicates that accepted notions of masculinity and femininity, and these play a role in perpetuating gender disparities. For instance, in many cultural settings, young women are supposed to be sexually innocent and may therefore be reluctant to carry or suggest using contraceptives. Since contraceptive (especially condom) are also associated in many contexts with illicit or extra-marital sex, married women are often powerless to request their partner to use contraceptives or wear a condom despite suspecting that he may be infected with HIV or becoming pregnant, for fear of reprisal at the implied accusation of being unfaithful (UNFPA Report, 2009). Gender inequality has been recognised as having significant implications for decision-making regarding sex and female risk within a relationship (Jewkes et al, 2001). Millions of young women‘s first intercourse is marked with violence, force and coercion and is unlikely to occur with the protection of condoms (UNFPA, 2004). The problem occurs that most young women‘s experiences originate from attitudes shaped during their childhood and adolescence. The culture in some African countries such as Zimbabwe and South Africa believe that women should be treated in a different way to men, and consequently girls and boys are treated differently from one another especially in the early ages (Hof and Richters, 1999). Girls are often discriminated against when it concerns education and workload, and are considered to be poor investments. As a result, they are not allowed to make any decisions in relationships without men‘s approval (Hof and Richters, 1999). The WHO Report (2004) states that education and schooling are key factors, not only for reducing the risk of early sexual initiation, pregnancy, and early childbearing, but also for overcoming such cultural factors that perpetuate the likelihood that adolescents will use condoms and contraception when they have sexual intercourse. Gender roles influence most women to lack decision-making in a relationship, which leads to a lack of control over their own lives (Hof and Richters, 1999:58). Challenging decisions that are made by male partners often result in violence, which frequently makes women avoid disagreeing with their partner (Hof and Richters, 1999). The woman‘s fear of violence creates a situation where the man is able to control the woman‘s sexuality and reproductive behaviour. Young women who fall pregnant have a greater chance of experiencing violence or coercion into sexual relations by their partners (Jewkes *et al*, 2001). South Africa has set the stage for extremely high levels of violence in the society, particularly violence and coercion against women (Kaufman and Stavrou, 2002). For example, a recent study indicates that one in four women has been assaulted by her their partner or previous partners at least once (Jewkes *et al*, 1999, cited in Kaufman, 2002).

In most African communities, discussion or initiation concerning sex is viewed largely as the prerogative of men, with sex being regarded as taboo for many women (Jewkes *et al*, 2001). In a research that was conducted in South African townships in 1997, it was found that sex among teenagers often involved little negotiation or communication (Kaufman and Stavros, 2002). Studies in South Africa also show that due to gender inequality, teenagers and women generally face difficulties discussing sexual issues and aspirations with their partners such as using a condom during sex, as this is associated with the mistrust of the male partner or the women‘s own promiscuity (Jewkes *et al*, 2001). This drives women not to refuse to have sex, since they believe that their boyfriends will leave them and look for other girlfriends. The boyfriend might also reject the girlfriend because he might suspect her of having another boyfriend (Wood *et al*, 1998).

Furthermore, young women who date older men are likely to be sexually exploited and become pregnant before they reach womanhood. Studies report that some girls are seduced by older men, also called "sugar daddies", who give them food, money and other gifts. "The circumstances surrounding gifts and favours may shape young women‘s and men‘s sexual experiences, their ability to negotiate the circumstances of those encounters, and the possibility of concluding a relationship into another form," (Kaufman and Stavrou, 2002:1). Young women may not refuse to have sex with these older men because of a fear of being rejected. Teenage girls are sometimes put in a difficult position in the relationship because they feel that they have to please their boyfriend to maintain the relationship, which may imply having unprotected sex if requested to do so. As a result, dependency makes the young girl more vulnerable to sexual violence in the form of sexual exploitation by men (Hof and Richters, 1999). Given these scenarios, teenage girls are faced with significant risks of being exposed to unprotected sexual intercourse resulting in unplanned pregnancy and HIV/AIDS. Women who fall pregnant are frequently blamed for not restraining themselves from engaging in sexual relationships. On the other hand, men are not blamed since it is believed that they have an uncontrollable need for sex (Hof and Richters, 1999).

2.3.7 Childhood environment

Women exposed to abuse, domestic violence and family strife during childhood are more likely than those without such experiences to become pregnant as teenagers, and the risk increases with the number of adverse childhood experiences (Tamkins, 2004). Sexual abuse can change a young

woman‘s perception about sexual behaviour and influence decisions in forming intimate relationships. This, according to Saewyc *et al* (2004:98), leads to early sexual activity and more sexual partners and increased risk of sexual violence in the relationship. Most teenagers who experience sexual abuse usually feel powerless in their relationships and this damages their ability to negotiate for contraceptive use. As a result, sexually abused teenagers are less likely to use a condom or other forms of birth control than non-abused teenagers (Saewyc *et al*, 2004). A school-based survey conducted in 1997 in the United States of America reported that the prevalence of pregnancy was high for teens that have been sexually abused compared to non-abused teenagers (Saewyc *et al*, 2004). According to a South African study conducted in 2004, the occurrence of teenage pregnancies could be reduced by one third if exposure to abuse, violence and family strife were eliminated (Tamkins, 2004).

Kaufman *et al* (2002) suggest that gender violence (violence by their partners**)** has an impact on risky teenage sexual behaviour. Youths initiate intercourse at an earlier age when they live in communities where adults have low levels of education, and high rates divorce, residential turnover, unemployment and crime exists (Kirby *et al*, 2001). Research also indicates that when families provide less support and supervision for females, it leads to the girls being more likely to fall pregnant as teenagers (Kirby, 1997). Allen *et al* (2007) suggest that the risks are likely to be high in communities where there are few opportunities and less encouragement of advanced education and careers. For instance, about 59 percent of teenage mothers under the age of 18 years drop out of school due to negative attitudes and expectations regarding school and careers (National Campaign to Prevent Teenage Pregnancy, 2001).

East and Jacobson (2001) stated that young girls are more likely to become mothers when their mother or older sisters have had teenage births than young women who had no family history of teenage births. However, young women whose mothers had a teenage birth, in terms of pregnancy risk, do not differ from those who have no family history of teenage birth (East *et al*, 2007). As a result, the risk of pregnancy among young women is more strongly associated with sisters' becoming pregnant as teenagers rather than the mother (East *et al*, 2007). Other studies have concluded that young siblings of teenage parents are two to six times likely to become pregnant as teenagers compared to teenagers that are not parents (Frost and Ostrak, 1999). This is mainly because young siblings are likely to model negative behaviour from their older siblings. Furthermore, the relationships with siblings are likely to result in the transfer of permissive

attitudes towards early sexual intercourse and early pregnancy, as young siblings look up to the older siblings for advice, support and guidance**.**

The National Campaign to Prevent Teenage Pregnancy (2004) indicates that the average younger sibling of a teen parent spends more than 10 hours a week caring for the child. In fact, the more time a younger sister spends in child care activities, the more likely it is that she will have pessimistic school aspirations, be sexually active, and have intentions of having a child right away (East and Jacobson, 2001). Although teens with older siblings who have been pregnant or given birth are at greater risk for early pregnancy and parenthood themselves, parents can play a crucial role in reducing the risk. For instance, in most cases teenager sister childbearing is associated with the mother‘s ability to monitor the child and whether the mother accepts parenting responsibilities (Miller, 1998). This dynamic links youth tendency to engage in risk behaviour and may contribute in the reduction of teenage pregnancy rates among sisters of parenting teenagers (Miller, 1998). Research shows that teens who feel closely connected to their parents are more likely to abstain from sex, to wait until they are older to begin having sex, and to use contraception consistently (National Campaign to Prevent Teen Pregnancy, 2004). Youths who live in up-market suburbs are also more likely than youths in high-density suburbs to practise contraception when they have sex (Kirby *et al*, 2001). Researchers indicate that family dysfunction has enduring and unfavourable health consequences for women during the adolescent years, the childbearing years, and beyond (Tamkins, 2004). When the family environment does not include adverse childhood experiences, becoming pregnant does not appear to raise the likelihood of long-term, negative psychological consequences.

Further research also reveal that an increasing number of young people who do not grow up in a protective environment in which they have parental support, as a result of adult mortality from AIDS, may be increasingly vulnerable to HIV infection and unwanted pregnancy (Bertrand and Anhang, 2006). For instance, a study in rural Zimbabwe found that among women aged 15–18 years, whose mother had died and young women with an infected parent, had a significantly higher prevalence of HIV than other young women, and they also had more STI symptoms and were more likely to become pregnant (Bertrand and Anhang, 2006).

2.3.8 Socio-economic factors

Poverty is one of the most important factors that increased teenage pregnancy. According to Sawhill and Harmeling (2000) youths living in poverty have a teenage pregnancy rate five times higher than those that are not living in poverty. The Department of Social Development (2006) estimates that about three million children aged between 15 and 18 years live in poverty without any assistance in South Africa. Statistics South Africa (2011) reported that in the fourth quarter of 2011, unemployment was 23.9 percent, with 25 percent for African males and 35 percent for African females. Furthermore, among those who were working, about 40 percent of women and 20 percent of men worked in unskilled, low-paying positions. "Relative high rate of unemployment related to poverty increases the likelihood of early sexual debut and early parenthood and decreases the chances of having discussed condom use with the most recent sexual partner," (Hallman and Diers, 2007:4).

Due to socio-economic factors, high-income women are likely to use contraceptives more frequently and successfully than lower income women. Thus, low-income teenagers are twice as likely to fall pregnant than higher income teenagers. A study in the United States of America indicated that poor and low-income teenagers accounted for about 73 percent of women aged 15 to 19 years who fall pregnant. An increasing number of teenage girls become mothers who receive insufficient support (physically and emotionally), and consequently many quit school or do not succeed with their schooling (Chigona and Chetty, 2007:1). A study in 1997 found that secondary school dropout between the ages of 15 and 19 years is associated with being poor and living with relatives rather than parents or non-relatives (Harrison, 1999). According to Meekers and Ahmed (1999), schoolgirls who become pregnant have few opportunities to complete their education and few opportunities of socio-economic advancement. If the woman is unable to finish her education because of pregnancy, it means that her standard of living will generally be low (Meekers and Ahmed, 1999). Such teenage girls have very low basic job potential and many rely on public support for basic essentials such as food and shelter. Poor families in South Africa are likely to rely on government grants for survival.

2.3.9 Sexual practise of male teenagers

With many young people engaging in sexual behaviors, a number of survey have indicated that sexual initiation typically occurs during the early middle teens (between 14 and 16 years).

Sexually experienced men were significantly more likely to report sex at 14 years or younger compared to sexually experienced women (12 percent vs 5 percent) (RHRU and Lovelife, 2003).Many of the teenage boys are engaging in sexual activities earlier than female teenagers A study in Ugu district, KwaZulu-Natal, showed that sexual initiation started significantly earlier among boys (mean age 13.9 years) than girls (mean age 15.6 years) (Taylor *et al*, 2008). A study that was conducted in student from grade 7 to grade 12 in Jozini, KwaZulu-Natal, whereby 200 males and 200 females were interviewed, reported that more males (61.6 percent males) than females (27.8 percent) indicated that they had engaged in sexual intercourse (Prinsloo, 2005). The average age of first sexual intercourse was 15.4 years for the males and 16.4 years for females. There was a high rate of unprotected sexual activity among the respondents, whereby 75.2 percent of males and 61.5 percent of the females indicating that they had sex without contraceptives.

Quantitiave studies of sexual behavior among South African youth have revealed that majority of young people are engaging in high risk sexual practice by having multiple partners in their relationships and also engaging in unprotected sexual intercourse (Dam *et al*, 2009). Studies have shown that males are more likely than females to have more sexual partners (Prinsloo, 2005). According to the survey of HIV and sexual behavior, indicated that among young people of age 15-24 years who have had sex in the past 12 months, 44 percents of males reported having had more than one sexual partners compared to 12 percent of females (Pettitor *et al*, 2004). Young males are able to negotiate sexual intercourse with their partners because they know that other young women lack negotiations power in the sexual relationships (Prinsloo, 2005).

It has also been reported that male teenagers are more likely to get information about sexual activities issues from their peers (Kaiser Family Foundation, 2000a). Boys aged 14-19 are slightly more likely than girls of the same age to report feeling pressured to have sex (Marteleto, 2008). This pressure is most likely to be from friends than their partners. Majority of boys aged 14-19 years are more likely than girls of the same age to think that it is embarrassing for teens to admit that they are virgins (Marteleto, 2008). About 91 percent of teens aged 15-17 years say that girls sometimes or often get bad reputations because of having sex, while only 40 percent believe that boys sometimes often get bad reputations for having sex (Dam *et al*, 2009). Thus, other reasons that are reported to be influencing boys to have sex is the belief that ~~–e~~everyone is doing it", and it also important for them to improve their manhood (Marteleto, 2008). Most males view early sexual activity as a reward and that it is all right for unmarried adolescents to engage in

intercourse (Advocates for Youth, 1997). However, male teenagers that resist to engage in sex tend to have friends who are abstinents as well. Thus, they also tend to have a strong personal belief in abstinence and the perception of negative parental reactions (Myra, 2007).

2.4 The impact of welfare on family formation

Research indicates that a key parental influence on teen sex is family structure, which refers largely to the number of parents living with, and their relationship to (biological, adoptive, step, or unrelated) the children in the family (Kim, 2008). Evidence of the impact of child welfare benefits has been well documented in the United States of America (Acs, 1996). This is mainly because the direct and indirect costs of supporting a child are quite substantial. It must be recognised that the child needs good nutrition which is paramount for a child‘s survival and development (Guthrie, 2002). In addition, the child also needs shelter, time and attention and if a young mother works or attends school, the child needs child-care (Acs, 1996). On the other hand, a woman may perceive the costs of having a child to be low if she believes that her economic prospects are weak (Acs, 1996). Furthermore, a child can get little attention and respect from a mother with poor labour market prospects (Anderson, 1989 cited in Acs, 1996). A woman's perception of the cost opportunity of having a child is shaped by her family background and the strength of the local economy. In the United States of America, financial support available through Aid to Families with Dependent Children (AFDC) and other welfare programmes partially offsets costs (Serensen, 1998). As a result, welfare assistance can impact a woman‘s decision to have children.

Teenage pregnancy not only interferes with the education and employment prospects of young mothers, but also influences the quality of the home environment for the children (Nord *et al*, 1992; Zill and Nord, 1994 cited in Maynard, 1995). Maynard (1993) argues that teenagers that are on welfare also have mothers who gave birth during their teen years. Thus, in most cases teenage mothers that are on welfare are likely to be living in poverty, frequently in dangerous neighbourhoods and many of them are likely to be in the communities that have fewer role models for social and economic independence. Yet, the mothers and their social settings differ substantially in terms of the specific barriers they face and the resources they have available to promote their self-sufficiency and help them control major life decisions, such as their fertility.

Maynard, (1995) states that most teenagers that are on welfare often have limited support from family members and other adults. Presently in the United States of America only about half of

the young mothers remain at home with family members or parents who provide social and economic support (Maynard, 1995). As a result, the child becomes a barrier to continuing with school and employment among teenagers living in a household where there is no support for them, being that live on their own rather than in a three-generation household (Maynard, 1995). The study also indicates that only five percent of parent teenage children live with their father, others stay independently to move away from the abusive relationship with the parents or family.

Continuing, teenage fertility has been found to be associated with the existence of an elaborated welfare system in the United States of America (Burt et al, 1984; Rodriquez and Moore, 1995 in Makiwane and Udjo, 2006). For example, it has been reported that approximately half of teenage mothers go on welfare within one year, and 77 percent within five years of having a child (Burt *et al*, 1984; Rodriquez and Moore, 1995 in Makiwane and Udjo, 2006). A study that was done in 2002 found that both white and black African young women are more likely to have non-marital births if they live in states with higher welfare benefits (Ratcliffe, 2002). The result also suggests that black African teenagers from welfare-recipient households are likely to have a pre-marital birth and subsequently receive welfare benefits than their counterparts from non-welfare-recipient households (Ryan et al, 2006). Furthermore, the results for black African females suggest that black African daughters from welfare-recipient households were more likely to become adult welfare recipients than black African daughters from non-welfare-recipient households (Ratcliffe, 2002).

2.5 Relationship between Child Support Grants and teenage pregnancies: Community perceptions

2.5.1 Background of the Child Support Grants

The CSG is a South African poverty alleviation strategy that targets children (Twine, 2007). The CSG was introduced in 1998 to replace the State Maintenance Grant (SMG) (Rosa and Guthrie, 2002). The SMG was intended to provide support to mothers and their children where the spouse was no longer present (Lund, 2008). This used to cover children aged 0 to 17 years, and in some cases provided support for the caregivers as well. Rosa and Guthrie (2002) argue that the SMG was racially biased and did not benefit the majority of the children in need. The SMG did not benefit most of the children mainly because the grant was applied under the magistrate's court which fell under the Department of Justice. For the parent to get the grant, the mother had to firstly try to get financial support from the other parent through the magistrate's court (Heerden,

1999). The SMG system was unsuccessful due to the fact that the mother of the child had to spend a lot of time searching for the father of the child or had to find out if he had a job (Heerden, 1999). Consequently most people tended to misuse the system, due to the fact that parents could pretend that they did not know the father, so they would be able to get the grant.

The CSG was necessitated due to the fact that one in three children live without adequate shelter, and one in five children have no access to safe water (Biyase, 2005). Furthermore, it has been indicated that one in seven children have no access to health services and more than 121 million primary school children are out of school because of poverty, the majority of them being girls (Biyase, 2005). According to the Department of Social Development (2003), "poverty causes children not to live beyond their first five years, rendering them vulnerable to infectious diseases and limit their educational capacity for developing to their full intellectual potential," (Leatt 2003:4 in Biyase, 2005). The positive benefits of the CSG were envisaged as indicators that would increase a child‘s nutrition and health status. Furthermore, the grants were meant to increase school attendance and performance (Lund, 2008). CSGs are seen as a "safety net" to prevent poverty in families that do not have the means to support themselves and their children, and through cash transfers it can be ensured that an affected person has a minimum income to meet basic needs (Guthrie, 2002).

2.5.2 Perception of the CSG

Despite the impact on poverty alleviation, CSGs have been blamed for increasing teenage pregnancy (Biyase, 2005). Some communities, specifically among older people, have the perception that increased teenage pregnancies are a result of the introduction of the CSG (Steele, 2006). The media has reported that community members believe some of these teenagers become pregnant in order to obtain the grant, and then placing the burden of caring for their children on grandparents and using the grant money for other purposes. Some teenage girls allegedly move out of their parents‘ homes and move in with their friends or boyfriends, and they do not care who is taking care of their children (West Cape News, 2008). Hassim (2005) stated that CSGs are blamed for increasing teenage pregnancy mainly because some women, instead of using the CSG money for the needs of the child, misuse it by spending it on things that enhance their physical looks, such as lipsticks and clothing. Hassim (2005) further argues that there are allegations from the Minister of Social Development that some mothers have even rented out their children to others so they can claim grants.

Contrary to the above findings, Lloyd (2002), examines the underlying reasons for the demand of CSGs, whereby caregivers and biological mothers were interviewed. Findings indicated that an average of one child per household benefits from the CSG and, in terms of income, about 61 percent of them responded that they were unemployed with no resources or any personal income.

In order to understand the influence of the CSG on teenage pregnancy, Makiwane and Udjo (2006) have used national surveys and administrative data to analyse teenage fertility trends and age patterns of CSG recipients. Makiwane and Udjo (2006) and the Department of Social Development (2006) concluded that there was no evidence that proves that teenagers used the money to fulfil their aspirations. Even if there is a strong relationship between CSGs and teenage childbearing, there is no evidence that leads us to believe that grants are an incentive for most teenage mothers (Mokoma, 2008). These researchers have based their conclusions on the fact that South Africa had a high teenage fertility rate even before the introduction of the CSG. Makiwane and Udjo (2006) reported that teenage births were well established long before the introduction of the CSG. Udjo *et al* (2005) reported that teenage fertility appeared to have peaked in 1996 and since then it appeared to be levelling off and declining. An increase in grant recipients was seen between 1998 and 2005, after teenage fertility had started to decline (Makiwane, 2006). They also indicated that in 2006, teenage mothers benefiting from CSGs were less than 20 percent. Thus, older female relatives who take over the care of a child are often beneficiaries rather than teenage mothers. And, furthermore, young mothers are not benefiting directly from the grant in the same proportion as older caregivers (Makiwane and Udjo, 2006). Skweyiya (2008) argues that the grants target people living in poor households and act as a remittance to households where there is a high level of unemployment and where there is poor education enrolment. According to Lund and Hosegood (2004) when analysing the relationship between grant receipt and school enrolment in South Africa, it was discovered that the CSG has played a crucial role in increasing school enrolment by 8.1 percent in 2002 among six-year-old children, and by 1.8 percent among seven-year-old children. The CSG also enables caregivers to improve poor children‘s nutrition and health (Case *et al*, 2004:14, cited in Biyase 2005). Provinces such as the Eastern Cape, Limpopo and Kwazulu-Natal had high poverty rates before the grant was introduced, but after the CSG was implemented poverty declined by 11 percent in 2000 (Biyase, 2005). Hunter (2007) reported that in KwaZulu-Natal the proportion of people living in informal settlements or rural areas is more likely to be direct recipients of CSGs than people from urban areas. Approximately 90 percent of CSG beneficiaries are black Africans and

10 percent are Coloureds. This shows an improvement in the number of people benefiting from the CSG.

2.6 Conclusion

Although there is a decrease in teenage pregannncy, the levles of and teenage childbearign are still a concern. Childbearing remains one of the most important issues in the governmental agenda in South Africa and in the world as a whole. Literature shows that by the age of 19 years, most teenagers are sexually active. Shisana and Simbayi (2002) indicate that in South Africa, approximately 80 percent of teenagers aged 19 years have already had sex, and 37 percent of them have been pregnant. It is evident from the literature that there are a number of factors that may influence teenagers to have children.

Thus CSG has been the main concern in many communities of South Africa. This is mainly becasue grants have been perceived in a negative way by some people. The introduction of the grant in 1998 raised a concern in the South African media that young women are deliberately conceiving in order to access the CSG. This concern could be supported by PPASA research in which it was found that 12.1 percent of pregnant teenage women who had deliberately conceived cited the CSG as the reason. Thus, most communities perceived that CSGs encouraged teenagers to fall pregnant to fulfil their aspirations. In response to these concerns, with respect to the "perverse incentive" of the CSG, the Department of Social Development commissioned research to investigate the matter. The conclusion was that there was no evidence that the CSG leads to an increase in welfare dependency.

CHAPTER 3

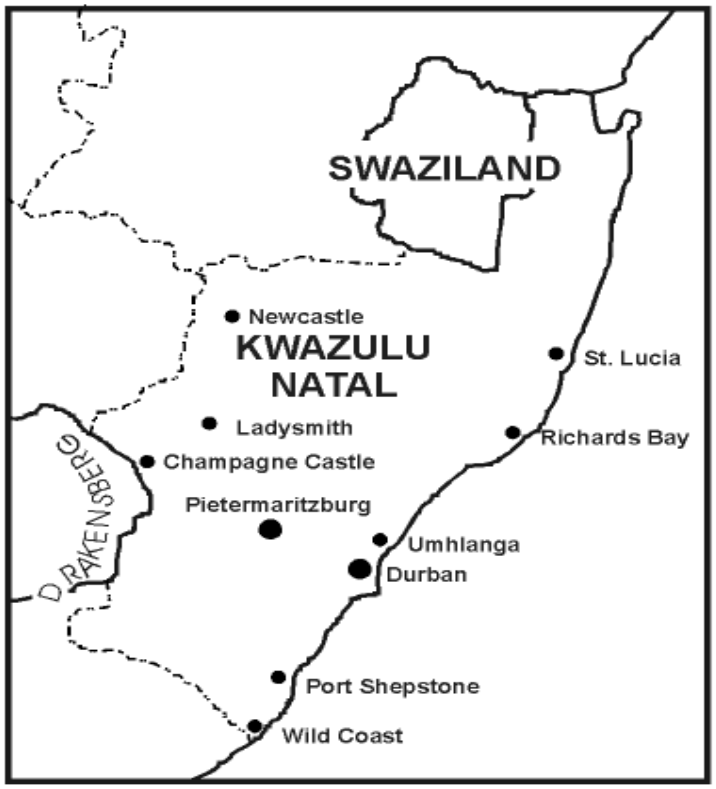
METHODOLOGY

3.1 Introduction

The aim of the study is to understand sexual reproductive practice of teenagers and the perceptions regarding the relationship between teenage childbearing and government‘s Child Support Grants. This chapter outlines the research methods used in the study. Data for this study was obtained through research methods, quantitative in the sense that a structured questionnaire was used to obtain quantitative data and qualitative in the sense that one-on-one in-depth interviews were used. The chapter describes the data source that was used, the quantitative and qualitative methods used, as well as the methods used to analyse the data. It also explores some of the limitations of the study.

3.2 Study settings

Figure 2: Map of KwaZulu-Natal showing Durban



3.2.1 KwaZulu-Natal

KwaZulu-Natal is the second largest provincial economy in South Africa after Gauteng, and is the country‘s third smallest province (Davis, 2007). Two districts within KwaZulu-Natal province were purposively chosen for the study site, Durban Metro and Mtunzini Magisterial District, as they represented urban, transitional and rural areas of the province (Hallman, 2004). KwaZulu-Natal has a population of 9.9 million, constituting 21 percent of the total population of South Africa (McCord, 2004), and has a larger proportion of females than males. Almost 53 percent of the population of KwaZulu-Natal is female. According to mid-year population estimates in 2006, teenagers contribute 11.98 percent of the total population in KwaZulu-Natal (Statistics South Africa, 2006). More than half (54 percent) of the 9.7 million people live in rural areas and only 73.2 percent of households have access to piped water (McCord, 2004). The majority of the people in the province speak isiZulu, followed by English and Afrikaans (Ntombela, 2002). Africans, primarily Zulu-speaking, make up 68 percent of the KZN population, Indians 20 percent, whites 9 percent and 3 percent Coloureds (eThekwini Municipality, 2010). KwaZulu-Natal is divided into eleven district municipalities, includes Ugu (8.6 percent), Sisonke (2.2 percent), Umgungundlovu (12.6 percent), Uthukela (6.7 percent), Amajuba (4.0 percent), Zululand (7.5 percent), Umkhanyakude (5.4 percent), Uthungulu (8.1 percent), iLembe (6.1 percent), Umzinyathi (6.2 percent) and Ethekwini (32.6 percent) (eThekwini Municipality, 2010). Although there is an increase in the urbanisation in KZN, 60 percent of the population continues to live in rural areas where traditional practices and socio-economic factors have resulted in legacy of discrimination towards women particular young women (Myra, 2002)."Some of the serious economic challenges for KwaZulu-Natal remain persistent high unemployment, poverty, large wealth disparities and a high incidence of HIV/AIDS, areas which are being tackled with some, but at this stage small, success," (Davis, 2007:1). KwaZulu-Natal has one of the highest HIV/AIDS rates, with more than 1.8 million people infected by HIV/AIDS (Madlala, 2007). KwaZulu-Natal has experienced a series of AIDS pandemics (as the most productive population get sick and die from the disease), especially among young people younger than 25 (Madlala, 2007).

Furthermore, in 2007, South Africa reported having an unemployment rate of 27 percent, an improvement when compared to the previous years‘ rate (May, 2000). KwaZulu-Natal is one of the poorest provinces in South Africa with a 36 percent unemployment rate, as most of the population stays in rural areas. Most of the population is dependent on agricultural employment

(May, 2000). May (2000) argues that most of the economic activities in KwaZulu-Natal are concentrated in Durban, Pinetown, Pietermaritzburg, Empangeni, Ulundi, Eshowe and Newcastle. Ndebele (2007:4) indicated that the government of KwaZulu-Natal has managed to reduce the unemployment rate from 36.3 percent in 2003 to 29.9 percent in 2006. In addition, KwaZulu-Natal's literacy rate has improved to 88. 6 percent and the poverty rate decreased from 54 percent in 2004 to 51.9 percent in 2005 (Ndebele, 2007). Although more has been done to tackle these issues, poverty, unemployment and HIV/AIDS remains a problem in KwaZulu-Natal, more especially in rural areas.

3.2.2 Durban

The city of Durban is located in the province of KwaZulu-Natal (KZN), which is often referred to as the "garden province" of South Africa (SA Guide, 2008). The city of Durban, which falls within the Ethekwini municipality, is classified as one of biggest municipality in KwaZulu-Natal and six metropolitan municipalities in South Africa (eThekwini Municipality, 2010). The province stretches from Port Edward all the way to Mozambique and boasts a beautiful coastline, the magnificent Drakensberg mountain range in the west and an extensive savannah in the east (SA, 2008). Although Pietermaritzburg is the capital of KZN, the city of Durban is regarded as one of the fastest growing urban areas in the world, with a population of more than 3.5 million people. The population constitute of 53.5 percent females and many women are head of the households (South African National Agency, 2007). The majority of the population come from the African community (71 percent) followed by the Indian community (19 percent), White community (8 percent) and the Coloured community (2 percent) (eThekwini Municipality, 2011). The city‘s demographic indicate that 68 percent of the population are of working age and has a very youth age profile with 38 percent of the population being under the age of 19 years (eThekwini Municipality, 2010).

Durban is the third largest city in South Africa, possesses one of the 10 largest ports in the world being the busiest port in Africa (Stats SA, 2007). The economy of Durban comprises various sectors such as the tourism, transportation, finance, manufacturing and government sectors. The Durban Metropolitan Area is the main economic driver of KwaZulu-Natal and it contributes to the province‘s output (15 percent), employment (11 percent) and income (14 percent), (Njeru, 2007).

Durban has issues relating to the population like any other cities in South Africa. There is an increase in the life dissatisfaction due to high rate of crime, unemployment, health (more especially HIV/AIDS and TB), and basic needs not being met. There is also an increase in the population within the municipality through natural growth and migration. Durban contributes 20.5 percent of poverty when compared with other regions of KwaZulu-Natal. Also considering that Durban population accounted for 33.0 percent of KZN (eThekwini Municipality, 2011). HSRC in 2004 estimated poverty rate for municipalities, it was found that Pretoria and Johannesburg had 35 percent and 38 percent, respectively, while Durban had a rate of 44 percent. It is estimated that in 2009, 41.8 percent of eThekwini‘s population were subject to conditions associated with poverty, in comparison to the province‘s 50.5 percent (eThekwini Municipality, 2010). About 41.8 percent of African population was battling the effects of poverty, as opposed to 0.2 percent of the White population, 18.2 percent of the Coloured population, and 9.5 percent of the Asian population (Global Insight, 2010). Furthermore, women were reported to be more poor then men. Poverty rates between the genders show that while only 29 percent of males are poor, over 58 percent of women suffer from poverty (Robin, 2005).

Health is regarded as a serious issue in Durban, where by poverty-related diseases such as tuberculosis, diarrhea, cholera, acute respiratory illnesses and nutritional problems are common and Kwa-Zulu Natal has the highest level of HIV/AIDS infections in South Africa (South African National Agency, 2007). In 2009 TB treatment was stated in 11 660 patients (eThekwini Municipality, 2010). In a two year period the number of Multi Drug Resistant (MDR) cases increased from 492 to 517 (eThekwini Municipality, 2010). In the same period the number of extremely drug resistant TB almost doubled from 32 in 2008 to 58 in 2009. According to National antenatal HIV and STIs survey reported that HIV/Aids prevalence at 40.3 percent on pregnant women.While on the other hand, about 94 percent of pregnant women delivered in health facilities in 2009 and 10 percent of total deliveries were in women or teenagers of less than 18 years. This shows that the city has a problem of high rate of teenage pregnancy. Thus, HIV/Aids had been cited as one of the top five causes of death on pregnant women. The incidence of STI cases treated at public facilities in 2009 is above the national average of 4.4 percent at 6.8 percent (eThekwini Municipality, 2010).

3.3 Type of data used

3.3.1 Research design

The present study collected data in the form of quantitative and in-depth information. Since the research questions were quantitative and qualitative in nature, the study has used information from both sides to provide an explanation of the phenomenon. And, it can be observed that the same findings that were obtained using quantitative method are also obtained using the qualitative method. By combining the different yet complementing strengths of both quantitative and qualitative research methods, the study at hand is expected to be comprehensive (Duffy, 1987).

3.3.2 Quantitative methodology

Quantitative research means "the systematic empirical investigation of quantitative properties and phenomena and their relationships" (Lynch, 1983:14). The purpose of quantitative research is to develop and employ mathematical models, theories and/or hypotheses pertaining to phenomena. In other words, quantitative research involves the collection of data that is numerical and examining it in a manner that is not biased. Usually, quantitative research includes large samples and aims to determine the relationship between variables (Denzin and Lincoln, 1998) (independent variable) and another variable (a dependent or outcome variable) in a population. In that way, quantitative data makes it easy to predict any association between large populations; therefore data can be analysed with a high confidence level (Holland and Campbell, 2005). Quantitative methods emphasise validity and reliability; it is objective so it can be measured and comparison can be made between variables (Young and Hagerty, 2007).

On the other hand, there are a number of disadvantages with using quantitative research. In the quantitative study, the set of questions are limited due to predetermined categories, therefore it is not easy to study issues in depth or in detail (Patton, 2002). Researchers can use subjects unknown to them and should make no attempt to get to know their subjects other than to collect data from them (Gerhardt, 2004).

The quantitative part of this research used structured questionnaires to collect data from respondents. Structured questionnaires are based predominantly on closed questions which produce data that can be analysed quantitatively for patterns and trends. It provides a measure of respondents‘ opinions, attitudes, feelings and perceptions about issues of particular concern to

the evaluator (Gerhardt, 2004). The agenda is entirely predetermined by the evaluator and provides little flexibility for respondents to qualify their answers. The structured questionnaires ensure that answers are reliably aggregated and that comparisons are made with confidence between sample subgroups (Ulin, 2002). For this study, two structured questionnaires were developed, one for learners in school and the other for teenage mothers at a social grants paypoint.

All Grade 10, 11 and 12 students (N=691) in each school sampled were supplied with structured questionnaires. This approach selected uniform grade groups in both schools and targeted students mainly because the study wanted to accommodate all students within these grades to better understand their sexual and reproductive experiences. The study includes both boys and girls, some of whom were mothers and some of whom were not. They also included those that were receiving Child Support Grants and those that were not.

In addition, because the study was conducted on teenage mothers as the target group of Child Support Grants, 30 questionnaires were distributed to young mothers in a CSG collection centre of Umlazi Township (Mega City), South coast of Durban. This social grants paypoint was chosen because Mega City is the only centre that offers all the residents in the area and the surrounding Umlazi an easy experience for shopping. In that way, the Mega City paypoint includes a variety of people living in Umlazi. It made it easy for people to receive the child‘s money from the paypoint and use the money for food and clothes, because the shopping stores are close together. The aim was to accommodate young women who are out of school but receiving CSG and those that were in school, but received grants. The study asks teenagers a series of questions. The purpose of using questionnaires was to obtain information from students and young mothers about their knowledge and experience of the influence of teenage childbearing. It was also used to gather information about the perception of young mothers towards Child Support Grants.

3.3.3 Qualitative methodology

Broadly defined, qualitative research defines any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification (Strauss and Corbin, 1990 in Neill, 2006). Qualitative researchers aim to gather an in-depth understanding of human behaviour and the reasons that govern such behaviour (Denzin et al, 2005). Qualitative data explores people‘s lives and everyday behaviour, and it provides a deeper understanding of

social phenomena than quantitative data (Silverman, 2003). Qualitative research seeks to understand a given research problem or topic from the perspective of the local population it involves. Qualitative research is especially effective in obtaining culturally specific information about the values, opinions, behaviours, and social contexts of particular populations (Silverman, 2003).

The purpose of using qualitative approach for a study was to get more in-depth responses from the headmaster and teachers. Teenagers were also asked in the form of open-ended using structured questions about their opinions and experiences with regard to teenage sexual and reproductive behaviour, and the influence of CSGs on teenagers. According to Creswell (1994), an in-depth interview is an open-ended discovery-oriented method that is well suited for describing both processes and outcomes for the purpose of target sample. Rubin (2004) argued that in-depth interviews deeply explore the respondents or interviewee‘s point of view, feelings and perspectives about issues. Hancock (1998) states that in-depth interviews involve a series of open-ended questions based on the topic areas the researcher wants to cover. The open-ended nature of the question defines the topic under investigation but also provides opportunities for both the interviewer and interviewee to discuss some topics in more detail. If the interviewee has difficulty answering a question or provides only a brief response, the interviewer can use cues or prompts to encourage the interviewee to consider the question further. In-depth interviews tend to work well when the interviewer has already identified a number of aspects he or she wants to address. According to Creswell (1994), in-depth interviews are ideal for investigating personal, sensitive, or confidential information which is unsuitable in a group format. They are also the best method when seeking individual interpretations and responses.

For this study, in-depth interviews were conducted with four life skills teachers in two schools. Furthermore, two headmasters were also asked to participate in a similar interview to gather confidential information about how they perceive the level of teen childbearing in their schools and the effect of child support grants on teenagers. Teenagers were also asked about their opinion with regard to sexual practices, pregnancy, the effect of the child on the well-being of its mother or father, and the influence of CSGs on teenagers. The reasons for using in-depth interviews were to provide opportunities for interviewees to raise their views and experiences on teenage childbearing and CSGs in detail.

3.4 Sampling and data collection

For quantitative data, the study used purposive/convenience sampling. This was determined by researchers‘ knowledge of the sample selected and the nature of the research aims. Purposive sampling, according to Patton (1990), requires that subjects are selected because of some characteristic of the sample which is already known. As a result, the purposive sampling technique was used to select the sample of teenagers in schools and social grants paypoints aged between 15 and 19 years who were in Grades 10, 11 and 12. The purpose of choosing schools was because of the academic difference in their examination results. It was easy to access information from school-going teenagers about the current situation and living conditions within their communities. School-going teenagers are flexible in sharing ideas about certain topics of the study. In addition, less time is spent and it is less expensive when conducting data collection in schools. Through the permission from the schools, the headmasters of the schools were the key informants for the research. The Department of Education (2009) released Matric results for different schools in Durban. Through communication with the headmaster of each school, information was given about the pass rate. For School A, results show that about 90 percent of the students passed in 2008 and 82 percent in 2009. As for School B, results show that about 65 percent of the students passed in 2008 and 50 percent passed in 2009. In 2009, School A had 1 312 learners and in 2010 it had 1 284, while School B had 958 learners in 2009 and 940 learners in 2010. Additionally, both schools accepted learners from Grade 8 up to Grade 12.

3.5 Ethical consideration

Ethical considerations were at all times used to guide the conduct of the study. In particular, three basic ethical considerations (voluntary participation, informed consent, and confidentiality) were at all times respected by the researcher during the research. The ethical clearance to conduct the study was granted by the University of KwaZulu-Natal Research Ethics Committee in South Africa. The interview schedule was prepared and submitted to the supervisor before the researcher commenced fieldwork. The respondents participated voluntarily and were given the assurance that the information they had given would remain confidential between them and the researcher. Since it is a common practice with these kinds of studies, anonymity and privacy were strictly observed and no names were used to identify respondents; numbers were used as a form of identification. Actual names of respondents were also not used in the dissertation to ensure anonymity of the respondents. All the participants agreed to sign the informed consent form given to them as part of the ethics requirements. The informed consent form followed the

informed consent principle; that is, it gives information about the project, purpose of the study, selection criteria, as well as the researcher‘s identity (Creswell, 1994). Informed consent is crucial as it ensures that people‘s freedom and rights are not infringed by the research, and participants are granted the liberty to choose to be involved in the research.

3.6 Quantitative measures and analysis

The quantitative data attempts to measure descriptive data in order to investigate the determinants for teenage sexual behaviour, and to find out whether there is a link between the covariates already established by other studies. In that way the quantitative analysis assists in generating potential important variables that justifies a possible relationship between teenage pregnancy and CSG. The study then investigates the factors that could be playing a major role in influencing teenage pregnancy. Thus, the study also investigates if access to CSG has any effect on childbearing during teen years. This is very useful information, as it determines whether the observed increased pregnancy among young women is influenced by Child Support Grants or by other factors.

3.6.1 The factors that influence teenage pregnancy

The research intends to explore factors that influence teenagers' timing of sexual initiation and pregnancy.

3.6.2 Dependent variable

The first interest of the study is to understand sexual initiation among teenagers aged between 15 and 19 years. The dependent variable is "have you ever had sex", coded as 1 if the respondent reports that they have had sex, and 0 if they have never had sex. Secondly, the study aims to establish factors that influence pregnancy. The dependent variable for this is "have you ever been pregnant", where 1 represent reports of teenagers that have been pregnant, and 0 for those that have never been pregnant. This question was asked to all girls in the sample. Studies have reported that the higher more influencing factors of the explanatory variable, the higher the increase in the level of pregnancy among young women. It must be acknowledged that the factors that influence teenagers to "have ever had sex" and "to have been pregnant" are more or less the same. As a result, covariates may be applied to both dependent variables.

3.6.3 Explanatory variables

Many factors have been linked to the early onset of early sexual initiation (model 1) for teenagers. The explanatory variables include: current age, sex (male or female), grade, school, peer influence and family structure. In establishing factors influencing whether or not teens have "ever been pregnant" (model 2), explanatory variables include: age at sexual initiation, school, grade, contraceptive use, condom use, family structure, and influence of peers. Explanatory measures are said to be the determinants for change in teenagers' sexual behaviour which results in early pregnancy. These measures will categorise teenagers that had sex and have never had sex, and those that been pregnant and never been pregnant.

3.6.3.1 Age at sexual initiation

Studies have shown that teenagers are beginning to have sex at an early age (Mohase, 2006). Most studies have different results about the median age of first intercourse. The Demographic and Health Survey of South Africa (SADHS) in 2003 showed the median age of sexual initiation at 18 years, while Pettifor et al (2005) in a nationally representative survey reported it to be 17 years. Simbayi, Chauveau and Shisana (2004) reported 16.5 years. Eaton, Flisher & Aarø (2003) reported that about 50 percent of teenagers in South Africa are sexually active by the age of 16 years and close to 80 percent by the age of 20. Reports show that the early initiation of sexual activity is an important risk factor for early pregnancy.

Age of sexual initiation will be investigated as a determinant of both whether the teenagers have ever had sex (for both boys and girls) and if they have been pregnant (for girls only), where both variables will be recoded into binary outcomes.

3.6.3.2 Sexual activity

To understand differences in sexual initiation between males and females, questionnaires were distributed to both males and females in schools. This measures the significant difference in sexual initiation because early initiation of sexual intercourse places adolescents, particularly females, at an elevated risk of being involved in an unintended pregnancy. Studies have reported that males are likely to initiate sexual activity earlier than females (Gage, 1998). Teenage males are much more likely than teenage females to report that they have engaged in sexual intercourse (Herald, Valenzuala, & Morris, 1992). The 2003 SADHS reports show that about 12 percent of teenage men and 6 percent of teenage women indicated that they had sex before the age of 15.

Girls who mature early and who have boyfriends who are three years older or more, also are more likely than other girls to initiate sexual intercourse at an early age (Manlove, Ryan, & Franzetta, 2007).

3.6.3.3 Use of contraceptives

Although different methods of contraceptives are widely known, most teenagers do not use them. Effective contraceptive use generally requires planning and preparation prior to having sexual intercourse. Crockett (1996) indicated that most teenagers often have a problem with planning before sexual activity. Teenagers who initiate sex at a young age are likely to increase the risk of unintended pregnancy as they are less likely to practise effective and consistent contraceptive use (Crockett, 1996). The nature of early teenage sexual activity may also contribute to ineffective contraceptive use. As young teenagers are just beginning to be sexually active, intercourse is typically infrequent and unplanned. The report shows that the majority of sexually active teenagers do not regularly use contraceptives (Manlove, Ryan and Franzetta, 2003).

Avoiding pregnancy after the first (often unplanned) sexual intercourse experience requires consistent use of an effective contraceptive method. This can be additionally problematic for teenagers because young teenagers tend to be less rational about sexual decisions than older persons, and they also tend to have sexual intercourse more sporadically. Studies have reported that most teenagers do not use effective contraceptives and seven in ten pregnancies occur among teens that are not using any method of contraception (Macleod and Tracey, 2010).

The questions that was used in the study to measure and quantify contraceptives use was "Have you ever used a method of contraceptive?" The purpose of the study is to incorporate all respondents that have ever used contraceptives and those that are currently using contraceptives.

3.6.3.4 Condom use

Condoms are as one of the methods that are widely known and used and have become the most popular form of contraception because they are simple to use, easily accessible, and provide dual protection against pregnancy and sexually transmitted infections (Cleland *et al*, 2006). Efforts to promote condom use by sexually active young people are an important component to preventing pregnancy and consequences of sexually risky behaviour with outcomes such as HIV/AIDS. Thus, condom distribution can play an important role in improving adolescents' reproductive

health. However, irregular use can result in it failure. Both male and female adolescents can assist in lowering the rate and risk of failure by using condoms every time they are with their sexual partners. Using a condom at the sexual debut and speaking to partners about condoms have been reported to be the highest indicator of condom use (Hendriksen, Pettifor, Lee, Coates and Rees, 2007).

Studies have indicated that although condoms are used, one in three teenage sexual partners has not been using a condom during the first or most recent sexual encounter (Ikramullah, 2008). Thus, one out of three teenagers has been using condoms inconsistently in their most recent relationship (Ikramullah, 2008). As a result, sexually active teenagers who have never used contraceptives or inconsistently use contraceptives are at the same risk rate, and may experience pregnancy in the same way.

The study explores "condom use" separately from other contraceptive measures mainly because it has been reported that condoms are the only method that is widely used by both males and females. As a result, the study will explore the level of condom use in determining the chances of a positive response to "ever been pregnant". The question proposed to teenage respondents that indicated to having "ever been pregnant" was: a) Have you ever used a condom?

3.6.3.5 Level of educational attainment

It has been proven that teenagers who drop out of school early are likely to experience an earlier sexual initiation and pregnancy than teenagers who finish school. Furstenberg (1976) argues that adolescents with low educational goals have a greater tendency to have sexual intercourse at an early age than those with high educational goals. Teenagers with low educational goals are likely to drop out of school when they fall pregnant and most of them do not get a chance to go back again. Ndyanabangi (2004) found that youths that are out of school are reluctant to ask questions in public sessions when they do not understand something. Ndyanabangi, Kipp and Diesfeld (2004) indicated youths that are non-students lack the opportunities because they are given little attention, which leads to a lack of self-confidence and exposes them to pregnancy again and again.

McCauley and Salter (1995) argue that where teenagers attain formal education they are more likely to delay sexuality and childbearing, as well as marriage, than their peers with little or no

schooling. This shows that the time spent in school reduces delays the chances of teenagers engaging in risky behaviour that can result in early pregnancy. Thus, with the fact that Life Skills/Orientation has been added to the curriculum in most schools, it has become easy for most teenagers to gather information regarding sexual reproductive health, giving them greater opportunities and more choices in life.

It has been shown that teenagers who repeat classes or grades are also more likely to involve themselves in risky behaviour than teenagers that finish their school education (Santelli, 2004). The level of poor performance in end-of-the-year-results may also reflect low connectedness to school or social support from teachers. Thus, school underachievement is added as a cause of teenagers initiating sexual activity early and pregnancy. If failure rate is high in schools the chances of teenagers getting involved in risky behaviour and falling pregnant will also be high. As a result, enrolling in a school with poor academic results increases the chance of early sexual initiation and pregnancy.

"Educational attainment" will be used to measure schools as a determining factor of have "ever had sex" and have "ever been pregnant". Teenagers were asked if they were enrolled in School A or School B and the highest grade that they had passed, i.e. a) Grade 10, b) Grade 11 and c) Grade 12. This will demonstrate if teenagers are likely to finish school in due time, the chance of experiencing sex early, and the likelihood of delaying pregnancy.

3.6.3.6 Influence of peers

Peers play a significant role in increasing the possibility of having sex early and pregnancy among teenagers. Studies have reported that most teenagers ask their friends for information about sex. However, they do not get informed advice as their friends are just as clueless as they are. Teenagers are pressured by friends that are sexually active and also have children. Cullian (2003) indicated that in a survey conducted by the Planned Parenthood Association of South Africa (PPASA), found that in 800 teenagers between the ages of 16 and 20, almost one in four teen mothers (19.8 percent) said that they had fallen pregnant because of peer pressure, mainly from friends who already had babies. Sexually experienced teenagers are more likely than their sexually inexperienced counterparts to report that their friends have ever had sex. This shows that teenagers who perceive that their friends favour postponing sexual intercourse are themselves more likely than others to do so.

Teenagers who are highly involved with their friends may find themselves in social contexts that encourage early dating and entry into romantic relationships, which is linked to early sexual initiation. Attitudes of friends regarding sex have a stronger direct relationship with sexual initiation than do friends‘ reported attitudes about sex. Teenagers‘ perception of gaining the respect of their friends by having sex appears to mediate the relationship between the friend‘s attitudes about sex and the adolescents‘ initiation of intercourse. Teenagers that are often pressured by friends sometimes get pregnant not by their own initiatives, but only to be accepted within the group of pregnant teenagers or teenagers that have children. Studies have reported girls having sex and falling pregnant because they were given advice by friends that in order to keep a boyfriend they should have children (Sieving, Renee, Eisenberg, Pettingell and Skay, 2006).

The study then intends to determine the extent to which friends encourage others to do things just because they are also doing the same. Thus, the study will measure if teenage respondents‘ attitudes and decisions about sexual initiations and pregnancy are influenced by friends or not.

3.6.3.7 Family structure

Early sexuality and pregnancy is associated with teenagers from large families, and growing up in single-parent families. Most parents often find it hard to retain control over their children if they have many children or if they stay in a large family. Young people who live in a two-parent family are less likely to have ever had sexual intercourse than young people living in any other family arrangement (Blake, Simkin, Ledsky, Perkins and Calabrese, 2001). Teenagers who feel closely connected to their parents are also more likely to wait until they are older to have sex and often delay pregnancy. It becomes difficult for the parent to discuss sexual issues with the child in a single-parent family situation.

Growing up in a single-parent family is associated with earlier sexual intercourse for a number of girls (Newcomer and Udry, 1987). Hymowitz (1997) claimed that the absence of a father is one of the primary factors for teen girls becoming pregnant. Single mothers may be less capable of monitoring their daughters' activities and failure to monitor the girl‘s activities results in early dating experiences, is linked to early sexual intercourse and pregnancy (Hogan and Kitigawa, 1985). These family variables could operate by affecting the values and expectations to which

teenagers are exposed, the role models they see, and the amount of supervision they receive. As a result, peers and boyfriends dangerously fill the space which was supposed to be occupied by parents, and teenagers end up relying on them by giving them incorrect information about sex and pregnancy.

As a result, the "family structure" variable is used to determine whether staying in a family where there is an only parent or being part of a large family influences teenagers to fall pregnant. Family formation is measured by asking the questions: a) are you living with your father; b) are you living with mother; c) are you living with both parents; and d) none.

3.7 Methods of analysis

Data obtained was analysed on a statistical software program called STATA. Firstly, the study will present descriptive methods by explaining the level and trends by using tables. The information was then drawn from the level and trends of the tables that were presented. The socio-demographic methods were obtained from descriptive analysis including gender, age, and level of education, peer influence, and family background. Secondly, for the multivariate analysis, the method used logistic regression analysis as it applies to studies that deal with numerous independent variables.

The study analyses the perception of teenagers and teachers in schools concerning Child Support Grants. This study questioned teenagers, Headmasters and teachers to ascertain their opinions about their perception of the influence of Child Support Grants on teenage pregnancy.

3.7.1 Logistic regression

According to Ahmad (2010), logistic regression is a type of predictive model that can be used when the target variable is a categorical variable with two categories. Logistic regression has the ability to incorporate a large number of predictor variables even if they are continuous. The results of the logistic regression models are converted to odds ratios, which represent the effect of a one-unit change in the explanatory variables on the indicator of the dependent variable. In the study, the logistic regression will be used to model the influence or the significant relationship between the dependent variables and the variables that were denoted in the controlled variable. As a result, the logistic regression will study the dependence or effect of one variable, which is the dependent variable, on another variable, which is the predictor variable.

$$\text{In}\left(\frac{P}{1-P}\right) = \text{logit} = \propto + \beta_1 x_1 + \beta_2 x_2 + \cdots + \beta_k x_k$$

The logistic regression model predicts the logit of Y from X. The logit is the natural logarithm (In) of odds of Y= 1, where P is the probability of the "event" under the outcome variable (the outcome of interest), $\propto$ is the Y intercept, and β is the slope parameter and Xs are a set of predictors. Both the Y intercept and β the slope parameter are estimated by the maximum likelihood (ML) method. The interpretation of βs is rendered using either the odds ratio (for categorical predictors) or the delta-P (for continuous predictors). When β has to move from 0 to 1 then there is an increase in the logit of the dependent variable and also there is an increase on the corresponding odds ratios.

For this study, the *P value* represents dependent variables: ~~–e~~ver had sex" (model 1), and ~~–e~~ver been pregnant" (model 2).

x_1, x_2 and x_k represent the predictor variables (current age, gender, educational attainment, peer influence and family structure).

$\beta_1, \ldots \beta_k$ represent the slopes of the variables $x_1, \ldots\ldots, x_k$ respectively

Model 1: The first dependent variable "ever had sex" will be evaluated by using the question: Have you ever had sex? a) 1 if yes or b) 0 if no. The dependent variable will then determine if there is significant association with all other predictor variables.

Model 2: Using the same logistic equation for the second model, the dependent variable ("ever been pregnant") will be evaluated by asking both learners and paypoint teenagers questions such as "Have you ever been pregnant?" a) 1 if yes or b) 0 if no.

The predictor variables include:

i. Current age
ii. Age at first sex
iii. Contraceptive use
iv. Condom use
v. School
vi. Grade

vii. Peer influence

viii. Family structure

Thirdly, the study will use bivariate cross-tabulations to statistically analyse the data. The purpose of using bivariate analysis is to explore the association between two variables, which will be perceptions of the effect of Child Support Grants on teenage pregnancy.

3.8 Qualitative analysis

For analysis of qualitative data, the researcher has identified, code, and categorise the patterns found in the responses. The researcher has used thematic analysis to analyse qualitative research. According to Bryne (2001), thematic analysis is the way of seeing, as well as a process for coding qualitative information. From the in-depth interviews obtained from participants, the researcher developed themes from common ideas and manually created codes to label findings. The themes that were identified in interviews have been analysed and explained with supporting material. Paraphrasing of quotations has been used to illustrate particular findings.

3.9 Demographic characteristics of the sample

Table 3.1 shows that the total number of respondents sampled was 691 for schools, and 30 female respondents at the grant paypoint. Studies have shown that South Africa has made significant progress since 1994 towards achieving gender parity in basic education. In fact, it has gone beyond achieving gender parity, to the extent that girls now make up the majority of enrolments in secondary schools (Motshekga, 2009). Females contributed 53.4 percent and boys contributed 46.6 percent from both School A and School B. For this research, age was important so the researcher decided to narrow the scope to 15 to 19 year old teenagers. As a result, it was important to establish the age of the respondents before the interview could progress. It can be deduced that the majority of the respondents (53.4 percent) were aged 17-18 years, followed by 25.8 percent aged 15-16 years, 20.8 percent aged 19 years. Due to academic results in both schools, School A had a greater number of learners enrolled than School B. More than half of the respondents were from School A, accounting for 70.8 percent of the respondents, while School B accounts for 29.2 percent. It was further revealed that about 46.2 percent of the respondents were doing Grade 11, 36 percent of the respondents were doing Grade 12 and 17.8 percent of the respondents were in Grade 10.

At the grant paypoint, the sample that took part in the interviews were all female mothers. Table 3.1 shows that more than 56.7 percent of respondents were no longer in school while 43.3 percent were still in school. Of those respondents that indicated to still being in school, 46.1 percent were in Grade 12, 30.8 percent were in Grade 11, and 23.1 percent were in Grade 10. The majority of respondents (46.7 percent) were aged 19 years, followed by 43.3 percent aged 17-18 years and 10 percent aged 15-16 years.

Table 3.1: Percentage distribution of respondents by demographic characteristics				
Individual characteristics	**Schools**		**Paypoint**	
	(N)	**(%)**	**(N)**	**(%)**
Gender				
Female	369	53.4	30	100
Male	322	46.6		
Still in school				
Yes	691	100	13	43.3
No			17	56.7
School				
School A	489	70.8		
School B	202	29.2		
Grade				
Grade 10	123	17.8	3	23.1
Grade 11	319	46.2	4	30.8
Grade 12	249	36.0	6	46.1
Age group				
15-16	150	25.8	3	10.0
17-18	369	53.4	13	43.3
19	144	20.8	14	46.7
TOTAL	**691**		**30**	

3.10 Limitations

Literature states that people hesitate when asked about the most intimate area of their lives – their sexual behaviour, and will often report on it inaccurately (Poulin 2010). This work makes conclusions on information based on self-reports on age at first sexual encounter. This data collection method often has limitations that are attributed to the tendency for people to under-report socially unacceptable behaviours (e.g. having multiple sex partners) and to over-report socially acceptable behaviour (Kaestle, 2005). As a result of the study‘s cross-sectional design, no causal conclusions can be drawn about whether factors associated with CSGs predict childbearing among young teens in South Africa.

3.11 Conclusion

The chapter discussed the methods of data collection and data analysis. It describes the sampling design, study area, data collection methods, analytical strategy and limitations of the study. This is meant to give the reader an insight into the analytical strategy, as well as take the limitations of the study when interpreting the results. The study uses both quantitative and qualitative methods to collect the information. For quantitative analysis, the variables of interest are "ever had sex" and "ever been pregnant" for teenagers in schools and at the paypoint. Explanatory variables

influencing pregnancy include: age at first sex, gender, contraceptive use, condom use, school, grades, peer influence and family structure. The cross-tabulation and logistic regression model was used for analysis. Thus, odds ratios are presented to give estimates of the effect of predictor variables to the dependent variable.

CHAPTER 4

QUANTITATIVE FINDINGS AND DISCUSSIONS

4.1 Introduction

This chapter presents the findings from the quantitative data analysis. The questionnaires were analysed in STATA software and interpreted independently, starting with responses from learners in schools and followed by those from the paypoints. Students from two schools were interviewed in the study and were referred to as School A and School B to protect their identity. Firstly, in order to provide background information of teenagers in the study, their social and demographic characteristics have been analysed and presented. Secondly, the study examined the factors associated with teenager‘s sexual behaviour as well as childbearing. Lastly, the study uses logistic regression to measure and analyse the association of "ever been pregnant" with explanatory variables.

4.1.1 Teenagers' source of information about sex

Families, schools and friends provide an environment within which adolescents can make decisions related to sexual activity. It is one of the study‘s objectives to establish how respondents first found out about sexual intercourse. Table 4.1 shows that the majority of respondents (37.5 percent) first found out about sex at school, followed by 29.5 percent that indicated they first heard about sex from friends. A small number of school teenagers (14.3 percent) reported to have first found out about sex from members of the family.

Table 4.1: Percentage distribution of respondents by “source of information about sex”

Individual characteristics	**Schools**		**Paypoint**	
	(N)	**(%)**	**(N)**	**(%)**
First find out about sex				
Family	99	14.3	6	20.0
School	259	37.5	12	40.0
Friend	204	29.5	8	26.7
Other (media)	129	18.7	4	13.3
Total	**691**		**30**	

Majoriy of teenage mothers (40.0 percent) at the grant paypoint reported to first found out about sex from school, followed by 26.7 percent that findout from friendand 20.0 percent that foundout from family memebers.

4.1.2 Sexual activity

The age at which young men and women initiate sexual intercourse marks the beginning of their exposure to HIV/AIDS and other reproductive risks. The study asked the participants if they had ever had sex before. Table 4.2 shows that in the school setup, about 52.5 percent of respondents reported to having had sex, while 47.5 percent of the respondents reported to never had sex before. Of those who have had sex, gender differentials indicate that 53.9 percent are male, and 46.1 percent are female. More teenagers from School A (67.0 percent) reported to having had sex than teenagers from School B (33.0 percent). About 46.4 percent of teenagers reported to have already initiated sex in Grade 11, followed by 38.7 percent that reported to have already had sex in Grade 12, while 14.5 percent of teenagers initiated sex in Grade 10.

Table 4.2: Percentage distribution of respondents by reported sexual encounter, N=363

Individual characteristics	**Schools**		**Paypoint**	
	(N)	**(%)**	**(N)**	**(%)**
Ever had sex				
Yes	363	52.5	30	100
No	328	47.5		
Ever had sex by gender				
Female	168	46.1	30	100
Male	196	53.9		
Ever had sex by school				
School A	244	67.0		
School B	120	33.0		
Ever had sex by grade				
Grade 10	54	14.5		
Grade 11	169	46.4		
Grade 12	141	38.7		
Ever had sex by age at first sex				
Less than 15 years	157	43.5	12	39.9
More than 15years	206	56.5	18	60.1
Mean age at first sex				
Ever had sex		14.7	15	
Standard deviation		1.7		
Total	**691**		**30**	

The respondents were further asked to indicate the age at which they started having sex. Table 4.2shows that in schools, approximately 56.5 percent of the respondents indicated to having had their first sexual experience at the age of 15 years, and 43.5 percent of the respondents had sex while under the age of 15 years. The reported mean age of first intercourse for both males and females was 14.7 years with a standard deviation of 1.7 percent. Data from the 2003 RHRU survey shows that the median age at first sex among 15 to 24-year-olds was 16 years for males and 17 years for females (HRSC, 2008). At the paypoint, when asked about the age they started having sex, the majority of teenage respondents reported to have started having sexual intercourse at the age of 15 years (60.1 percent), followed by 39.9 percent who had their sexual debut at an age younger than 15 years. The reported median age of first sex for all teenage mothers was 15 years.

4.1.3 Family structure

Family structure plays a vital role in understanding and determining teenage sexual behaviour, including childbearing. Many studies have shown that family structure is strongly correlated with teenage pregnancy (Langille *et al*, 2004). The respondents were asked to report their family background. As shown in Table 4.3, over half (51.0 percent) of the respondents reported to be living with one parent (the mother), followed by 28.2 percent that reported to be living with their father. Only 20.7 percent of respondents reported that they resided with both parents, which is often the most desirable form of residential arrangement for children and teenagers. About 70.2 percent of the respondents indicated to having parents as primary caregivers at home, 27.6 percent of the respondents have relatives who are the primary caregivers in their home and 2.2 percent live with non-relatives.

Table 4.3: Percentage distribution of respondents by family structure				
Individual characteristics	**Schools**		**Paypoint**	
	(N)	**(%)**	**(N)**	**(%)**
Family structure				
Living with mother only	155	51.0	14	63.6
Living with father only	10	28.2	5	22.7
Living with both parents	168	20.7	3	13.6
Primary caregiver at home				
Parent	485	70.2	19	63.3
Relative	191	27.6	11	36.7
Non-relative	15	2.2		
Total	**691**		**30**	

At the grant paypoint, about 63.6 percent of respondents lived with their mother only. On the other hand, about 22.7 percent of respondents reported to live with their father only. In addition, less than 13.6 percent of respondents indicated to be living with both parents. Furthermore, more than 63.3 percent of teenage respondents at the grant paypoint had their parents as primary caregivers at home, followed by respondents that indicated to having had relatives (36.7 percent) that were primary caregivers.

4.1.4 Peer influence on sex

Literature points out that peers are often blamed for the onset of risky sexual behaviour (Harris, 1998). Some studies have shown that most teenagers are encouraged by friends to be sexually active. Although this cannot be measured directly, teenage respondents were asked if their peers influenced their decisions concerning sexual initiation.

Table 4.4: Percentage distribution of respondents by reported influence of peers				
Individual characteristics	**Schools**		**Paypoint**	
	(N)	**(%)**	**(N)**	**(%)**
Peer influence on sex				
No influence	319	46.2	11	36.7
Influence	372	53.8	19	63.3
Gender				
Females	183	48.8		
Males	192	51.2		
Total	**691**		**30**	

Table 4.4 shows that more than half (53.8 percent) of teenagers reported to having been influenced by their friends to have sex. Males (51.2 percent) were more likely than females (48.8 percent) to report pressure from friends to have sex. This trend clearly shows that friends play important roles in influencing each other to engage in risk behaviour. Furthermore, 63.3 percent of respondents at the paypoint reported that their peers influenced their decisions concerning sexual activity while 36.7percent indicated not to having been influenced by peers.

4.1.5 Contraceptive knowledge

In this study, questions about knowledge, attitudes and access to modern contraceptives were incorporated. This is mainly because knowledge is important as it has an impact in reducing the level of pregnancy among young people. In the study, respondents were asked if they had ever heard of any ways or methods that women can use to avoid pregnancy. Table 4.5 shows that the majority (94.7 percent) of school respondents had heard of contraceptive methods. However, a small number of respondents (5.3 percent) mentioned that they had never heard of such methods. Of the students who respondent to having knowledge of modern method contraceptives, 54.4 percent were female, while 45.6percent were male. Table 4.5 also shows that at the paypoint, all respondents reported to have heard of such methods.

Table 4.5: Percentage distribution of respondents by knowledge of contraceptives				
Individual characteristics	**Schools**		**Paypoint**	
	(N)	**(%)**	**(N)**	**(%)**
Knowledge of contraceptivemethods				
Modern method	654	94.7	30	100
No method	37	5.3		
Knowledge of contraceptive methods by gender				
Female	356	54.4	30	100
Male	298	45.6		
Contraceptive methods known				
Pills	320	46.3	26	24.5
IUD	28	4.0	9	8.5
Injection	299	43.2	23	21.7
Implant	35	5.0	10	9.4
Condom	561	81.1	30	28.3
Other	40	5.7	8	7.5
Total	**691**		**30**	

The results indicate that condoms (81.1 percent) were the most well-known method of contraceptives by school pupils, followed by pills (46.3 percent), injection (43.2 percent), implant (5.0 percent) and Intrauterine Device (IUD) (4.0 percent). About 5.7 percent of respondents indicated knowing of contraceptive methods that were not mentioned. At the paypoints, the majority of teenage mothers (28.3 percent) indicated that they knew about condoms, pills (24.5 percent), injections (21.7 percent), implants (9.4 percent) and IUDs (8.5 percent). Note that this was a multiple response question meaning that one respondent was allowed to mention more than one method.

4.1.6 Contraceptives use

The study shows that most young people's responses indicate to having high level of knowledge regarding contraceptives. However, it is important for the study to find out if teenagers actually use contraceptives. Among factors of interest in determining the prevalence of contraception are "ever" and "current" use of contraceptives. "Ever use" indicates that contraceptives have been tried. Table 4.6 shows that among respondents, 52.5 percent reported to "ever have had sex" (in Table 4.2), about 72.4 percent of the school respondents reported to "ever using contraceptive

methods" compared to 27.6 percent of respondents who reported to have "never used a contraceptive method" before. About 56.3 percent of the males proved to "have ever used contraceptive methods", compared to 43.7 percent of females reported to "have ever used a method" at the time of the study. The higher percentage of boys who reported using contraceptives at the time of the survey may be attributed to condom use, which is meant to protect themselves from HIV/AIDS with other partners and not meant to limit their family sizes. The study also shows that at the paypoint, about 80.0 percent of teenage mothers "have ever used the method", while a small number (20.0 percent) of female respondents indicated to "never have used the methods"

Table 4.6: Percentage distribution of respondents by use of contraceptives

Individual characteristics	**Schools**		**Paypoint**	
	(N)	**(%)**	**(N)**	**(%)**
Ever used contraceptive method				
Modern method	263	72.4	24	80.0
No method	100	27.6	6	20.0
Ever used contraceptive method by sex				
Female	115	43.7		
Male	148	56.3		
Currently using Contraceptive methods				
Use	191	72.6	20	83.3
Non-use	72	27.4	4	16.7
Current using method by gender				
Female	77	41.6	20	83.3
Male	108	58.4		
	691		**30**	

Avoiding pregnancy after the first (often unplanned) sexual intercourse experience requires consistent use of an effective contraceptive method. Unmet need for family planning persists, even in settings where knowledge of contraceptive methods is high (Oyedokun, 2007). Studies suggest that many potential users choose not to use more reliable methods due to misconceptions and concern about health-related risks (Oyedokun, 2007).Table 4.6 shows that out of 72.4 percent that had ever used contraceptives, about 27.4 percent were not currently using any method. The majority of males (58.4 percent) were currently using a method, while only 41.6 percent of females were currently using a method at the time of the survey. At the pay point, result shows that only 83.3 percent are currently using contraceptive methods.

4.1.7 Condom use

Knowledge about the respondents‘ condom use, attitudes, and practices are very important in understanding their protective behaviour patterns against pregnancy. Condom use (especially during first-time sex) is also an important determinant of HIV risk among young girls and boys since the first encounter may result in pregnancy or HIV infection.

Studies indicate a significant increase in the use of condoms during the past few years (Ikramullah, 2008). Table 4.7 shows that among the 52.5 percent that reported to have ―ever had sex", about 68.3 percent of them had used a condom before. The report shows a higher a proportion of males (57.3 percent) using a condom than females (42.7 percent). At the paypoint, more than 70 percent of teen mothers "have ever used a condom" while 30 percent had "never used a condom". Despite noted improvement in condom use, significant problems still remain. Maharaj (2006) indicated that in South Africa, only (21 percent) of teenagers aged 15 to 19 years used condoms.

Table 4.7: Percentage distribution of respondents by condom use				
Individual characteristics	**Schools**		**Paypoint**	
	(N)	**(%)**	**(N)**	**(%)**
Ever used a condom				
Use	248	68.3	21	70.0
Non-use	115	31.7	9	30.0
Condom use by gender				
Female use	106	42.7		
Male use	142	57.3		
Regularly use of a condom				
Use always	111	44.8	9	40.9
Use sometimes	125	50.4	11	50.0
Never	12	4.8	2	9.1
All	**363**		**30**	

Some studies have found that condoms are less frequently used by females mainly because they depend on the male's decision as to whether or not to use a condom during the intercourse. The studies indicate that condom use among teen males is fairly high: one out of three was not using a condom during the first or most recent time he had sex, and one out of two was not using condoms consistently in his most recent sexual relationship (Ikramullah, 2008). Furthermore, qualitative research in South Africa suggests that there are negative perceptions about condoms among teenagers that prevent use (AbdoolKarim *et al*, 1992). Condoms are effective only when they are used consistently and properly (PAZ-Bailey et al, 2005). Table 4.7 shows that a large percentage of sexually active teenagers used a condom sometimes when having sex (50.4 percent), followed by 44.8 percent that reported to use a condom always and 4.8 percent that never used a condom when having sex. About 50.0 percent of teen mothers at the paypoint reported sometimes using condoms when having sex, followed by 40.9 percent the used condoms always when having sex.

There is significant evidence that sexual negotiation of any kind (be it about condom use, faithfulness, or about the nature and frequency of sexual intercourse) is lacking in many sexual relationships among young people (Eaton, Flisher, and Aaro, 2003:70). When young people

become sexually active, they must have the skills to practise safe sex. This means either being faithful to one faithful partner or consistently using a condom properly. Data from household surveys show that the proportion of young people using condoms is still quite low even when they have sex with people who are not their regular partner (Bertrand and Anhang, 2006:70). In this study, respondents were asked about condom use, and in order to determine consistency, the questions concerned they were asked about frequency of use.

4.2 Determinants of reproductive practice among teenagers

4.2.1 Teenagers that have been pregnant and schooling

Early pregnancy is influenced by a number of factors. The study explores the level and key determinants of teenage childbearing. The study firstly presents the demographic distribution of teenagers that have been pregnant by their age, grade and school. Table 4.8 shows that out of 369 female respondents, 121 (32.8 percent) between the ages of 15–19 reported to have been pregnant.

Table 4.8: Percentage distribution of teenagers (females) by "ever been pregnant", N=369

Individual characteristics	**Schools**		**Paypoint**	
	(N)	**(%)**	**(N)**	**(%)**
Ever been pregnant				
Yes	121	32.8	30	100
No	248	67.2		
Pregnant now				
Yes	62	16.8	5	16.7
No	307	83.2	25	83.3
Ever had a child				
Yes	64	17.3	30	30
No	305	82.7		
Total	**369**		**30**	

Of the respondents that reported to have "ever been pregnant" (n=121), about 16.8 percent of them reported that they were currently pregnant when the study was conducted. It was further revealed that of the teenagers that have "ever been pregnant", about 17.3 percent indicated to –ever had a child". On the other hand, at the paypoint, only 16.7 percent of teen mothers reported that they were currently pregnant during the time of the study.

Table 4.9 shows that in School A, about 30.0 percent of the teenagers reported to "ever been pregnant", while in School B, this was about 38.6 percent. This shows that pregnancy differed from one school to another, but not very much. The school with good academic results indicated lower pregnancy rates. The Department of Education (2010) indicated that in School A, about 90 percent of students passed Grade 12 in 2008 and 82 percent passed Grade 12 in 2009. As for School B, results show that about 65 percent of students passed Grade 12 in 2008 and 50 percent passed Grade 12 in 2009 (Department of Education, 2010).Table 4.9 further show that 25.5 percent of respondents who reported to having "ever been pregnant" were in Grade 10, 37.1 percent were in Grade 11 and 30.6 percent were in Grade 12. Of the respondents who answered this question, 49.4 percent stated their current age to be 19 years, 32.1percent were 17-18 years, and 21.2 percent were age 15-16 years. This finding is in keeping with the proportional increase in sexual activity with age.

Table 4.9: Percentage distribution of teenagers (females) by "ever been pregnant" and by grade, school and age, N=121

Individual characteristics	**Schools**		
	(N)	**Total**	**(%)**
Ever been pregnant by school			
School A	75	250	30.0
School B	46	79	38.6
Ever been pregnant by grade			
Grade 10	14	55	25.5
Grade 11	62	167	37.1
Grade 12	45	147	30.6
Ever been pregnant by age			
15–16	21	99	21.2
17–18	62	193	32.1
19	38	77	49.4
Total	**121**	**369**	

4.2.2 Age at first sex and pregnancy

Some researchers have evidence indicating that most young women in Africa are likely to have their first sexual encounter between ages 13-19 years (Pettifor, O'Brien, Macphail, Miller, Rees.

2009:74), and that adolescent females in sub-Saharan Africa tend to have sex at an earlier age than their male counterparts. This puts them at risk for HIV, unwanted pregnancy and other adverse outcomes (Biddlecom, Munthali, Singh, Woog, 2007:74). Age at first sex is important because it usually signals exposure to the risk of pregnancy (Edgardh, 2000).

Figure 3: Timing of first sex by pregnancy status

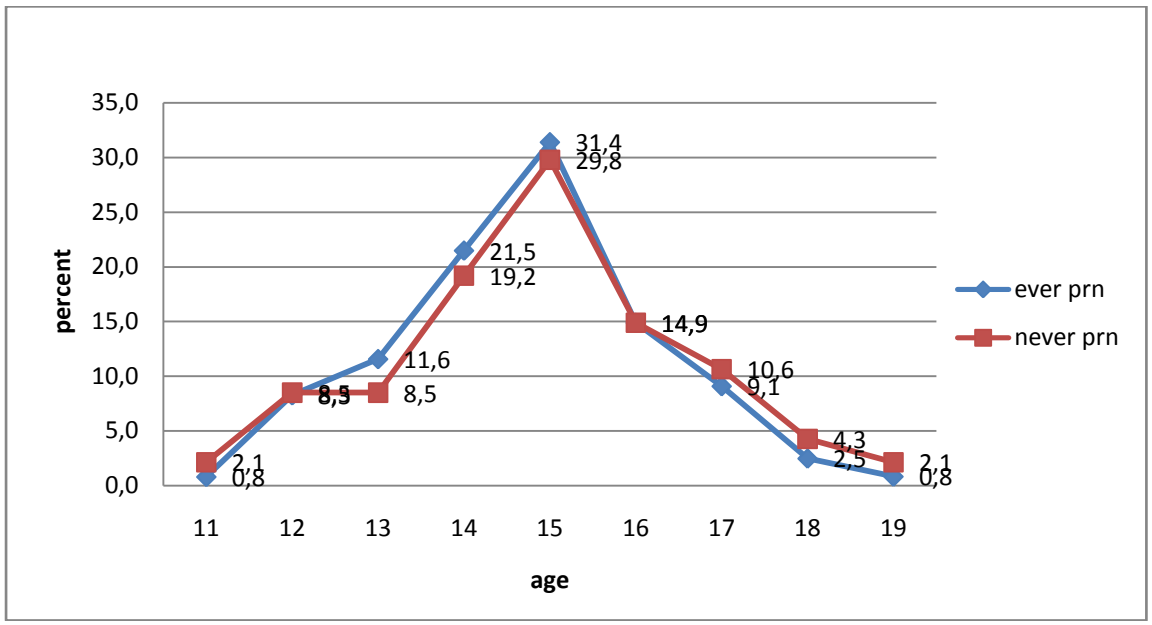


Figure 3 shows the teenagers that had ever been pregnant, and that 31.4 percent had initiated sexual intercourse by the age of 15 years, followed by 21.5 percent that who did by the age of 14 years, and 14.1 percent that reported to have had sex at the age of 16 years. On the other hand, of the teenagers that reported that they have never been pregnant, 29.8 percent initiated sex at the age of 15 years, followed by 19.2 percent at the age of 14 years, and 14.9 percent at the age of 16 years. Figure 3 shows the age at first sex for teenage respondents that have never been pregnant to be lower than for those that have been pregnant. This shows that engaging in sexual activity early, increases the chance of falling pregnant early. There is a positive correlation between pregnancy and age at first sex. The graph also shows that most teenagers are at high risk of becoming pregnant at the age of 15 years, which is the reported median age at first sexual intercourse in this study.

4.2.3 Distribution of "Ever been pregnant" teenagers by family structure

It was further important for the researcher to analyse data on teenagers that have been pregnant by family structure. Table 4.10 shows that about 63.6 percent of the respondents reported to be living with a mother only, while 25.6 percent reported to be living with the father and 20.6 percent reported that they resided with both parents. The findings show that teenagers who reside with both parents are less likely to report pregnancy than teenagers living with one parent. The result shows that living in a family with a mother only increases the likelihood that she will have a pregnant daughter. Thus, children are less likely to be monitored and communicated with about teenage sexual behaviour and therefore it places the teenager at elevated risks of early pregnancy.

Table 4.10: Percentage distribution of teenagers "ever been pregnant" by family structure, N=121

Individual characteristics	**Schools**	
	(N)	**(%)**
Ever been pregnant by family structure		
Living with mother only	77	63.6
Living with father only	31	25.6
Living with both parents	25	20.6
Total	**121**	

4.2.4 Distribution of "Ever been pregnant" teenagers by peer influence on sex

Table 4.11 indicates that 57.0 percent of the respondents indicated peer pressure from friends having influenced them to have sex, while 43.0 percent indicated to not having been influenced by friends to have sex. The findings are high when compared to all teenagers in the study. Mwaba (2000) found that the main reason (66.0 percent) for sexual debut was the pressure from peers to have sexual intercourse. Given these findings, it shows that peers play a crucial role in influencing teenagers to begin sexual intercourse early which can results in early pregnancy. Macleod and Tracey (2010) reported that peer communication is found to perpetuate the myth and silence surrounding sexual matters. Similar findings were reported among adolescent girls in KwaZulu-Natal. While peers encourage sexuality among friends, pregnancy itself is highly stigmatised as it is regarded as a showing of female decorum (Kaufman *et al*,2001).

Table 4.11: Percentage distribution of teenagers "ever been pregnant" by peer influence, N=121		
Individual characteristics	**Schools**	
	(N)	**(%)**
Peer influence on sex		
No influence	52	43.0
Influence	69	57.0
Total	**121**	

4.2.5 Distribution of "Ever been pregnant" teenagers by contraceptive knowledge

The study further asked teenagers that reported to have ever been pregnant if they have knowledge about contraceptives. Several questions were asked to measure the respondent‘s knowledge and awareness of contraceptives. Table 4.12 shows the results.

Table 4.12: Percentage distribution of teenagers "ever been pregnant" by contraceptive knowledge, N=121		
Individual characteristics	**Schools**	
	(N)	**(%)**
Contraceptive knowledge		
Modern method	116	95.9
No Method	5	4.1
Contraceptive methods known		
Pills	63	52.0
IUD	13	10.7
Injection	58	48.0
Implant	15	12.4
Condom	100	82.6
Other	10	8.3
Total	**121**	

Table 4.12 indicates that 95.9 percent of the respondents knew about contraceptives, while only less than 4.1 percent indicated that they had never heard of any contraceptive methods. Respondents were then asked the types of contraceptives that they had heard of. Of all teenage

respondents, 95.9 percent indicated to have heard of contraceptive methods. Of the respondents that indicated to have heard of these methods, most had heard of condoms (82.6 percent), pills (52.0 percent), injections (48.0 percent), implants (12.4 percent) and the Intrauterine Device (IUD) (10.7percent). However, it should be taken into consideration that some of the responses were multi-responses and the respondents were allowed to indicate more than one method that they knew. The result implies that teenagers fall pregnant even when they know about contraceptives, i.e. mere knowledge about contraceptives is not a protective strategy against pregnancy.

4.2.6 Distribution of "Ever been pregnant" teenagers by contraceptives use

Table 4.13: Percentage distribution of teenagers "ever been pregnant" by contraceptive use, N=121

Individual characteristics	**Schools**	
	(N)	**(%)**
Ever used contraceptive method		
Modern method	94	77.7
No method	27	22.3
Currently using contraceptives		
Use	68	72.3
Non-use	26	27.6
Total	**121**	

The respondents that reported to have been pregnant in Table 4.9 were then asked to indicate if they ever used contraceptives. This was done in order to identify if pregnancy relates to the use of contraceptives. Table 4.13 indicates that 77.7 percent of the –ever been pregnant" respondents had used contraceptives and 22.3 percent indicated to have never used contraceptives. Of the respondents that stated to have used contraceptives, 72.3 percent of them indicated to be currently using contraceptives at the time when the study was conducted, while 27.6 percent indicated that they were not currently using contraceptives. This shows that there is a significant progress in the usage of contraceptives among young people. The 2003 RHRU survey reported that over half of sexually active women (52.2 percent) aged 15–24 years were currently using contraception (Nyakoe, 2009).

4.2.7 Distribution of "Ever been pregnant" teenagers by condom use

Table 4.14: Percentage distribution of teenagers "ever been pregnant" by condom use, N=121

Individual characteristics	**Schools**	
	(N)	**(%)**
Condom use		
Use	88	72.7
Non-use	18	27.3
Regularity of using a condom		
Use always	34	38.6
Use sometimes	49	55.7
Never	5	5.7
Total	**121**	

Based on the findings in Table 4.12, almost eight out of ten respondents (82.6percent) reported condoms as the contraceptive method they knew best. Teenage mothers were then asked if they had ever used a condom. Table 4.14 indicates that 72.7 percent reported to have used a condom, while 27.3 percent reported not using a condom when having sex. This shows that the use of contraceptives is increasing, mainly because condom usage is also increasing. Thus, it can be concluded that teenagers are starting to acknowledge the use of condoms as the safest method of contraception. However, the result does not imply that all teenagers are using condoms. Table 4.14 shows that 55.7 percent indicated to have used a condom sometimes when having sex, while 38.6 percent indicated to use a condom always when having sex. The result also shows that teenage mothers typically use condoms, but inconsistently. Studies found a high rate of pregnancy from teenagers that used condoms inconsistently. Ehlers and Monerang (2006) found that a lack of knowledge was revealed among teenagers aged 15–19 years as the reason for not using condoms consistently. On the other hand, teens that used a condom always (38.6 percent) may be those teenagers that are likely to have sex for the first time.

4.3. Measures of Association: Logistic Regression

Several logistical models were estimatedto predict the risk of childbearing and that of early sexual initiation. For ease of interpretation, odds ratios output were used, and results are presented as odds ratios (OR) with 95% confidence interval (CI). Binary logistic regression has been used in the analyses since it is ideal for situations in which one wants to predict the presence or absence of a characteristic or outcome based on values of a set of predictor variables. In this case logistic regression is chosen due to its ability to predict the likelihood that the respondent will report to –ever had sex" and –ever been pregnant" controlling for other factors as predictor variables.

Model 1: Ever had sex

The analysis was conducted using unadjusted and adjusted odds ratios to test the effect of each predictor variable to the dependent variable. The analysis firstly tried to determine the independent effect of predictor variables on the dependent variable. For this study, –ever had sex" is a dependent variable. Logistic regression of the dependent variable –ever had sex" indicates that almost all predictor variables were independently significant and associated with teenagers reporting ever having had sex. The predictor variables include current age, sex (female or male), school, grade, peer influence and family background.

The analysis, then entered predictor variables together to control for effects. All the predictor variables were added as the adjusted odds ratios, including age, sex, school, grade, peer influence and family background. Table 4.15 shows the result of adjusted odd ratios of ever had sex after controlling with all other predictor variables.

Effect of covariates on probability of teenage sexual experience

Table 4.15 shows probabilities of having had sex for teenagers by various characteristics. The unadjusted odds are individual effects of each covariate, and the adjusted odds ratios are effects of these covariates controlling for all the variables listed in the table. Current age is an important variable mainly because it is usually an indicator of an exposure to risky behavior and a strong determinant of ever had sex. Result shows that as age increases, the chance of having sex also increases by 29 percent. This relationship remain after controlling for other covariates.

The findings show that sex (female or male) is a strong predictor of ever having had sex. The findings presented in table 4.15 show that male teenagers are 86 percent more likely to report ever having had sex than female teenagers. After controlling for all predictor variables, the findings show that males are 0.50 times more likely to have ever had sex than females. Findings suggest that the effect of sex after controlling with all covariates, although weaker, still shows a strong association and predictor of ever had sex.

Teenagers who enroll in school B are more likely to have had sex compared to those in school A. This is supported by the fact that the Department of Education (2010) indicated that academic results of school A are better than those of school B. Although this may not be taken to mean that school results have a direct relationshiop with pupil‘s sexual behaviour, however this could mean that there are characterics of pupils or of the school that may influence exposure to sexual practives. The result were statistically significant at ($p<0.023$) level. After controlling for all predictors, the chances of not having had sex are 0.82 times smaller for teenagers that reside in school B than in those in school A. However, the results are statistically insignificant.

Results also indicate that the odds of ever having had sex are 44 percent higher for teenagers with grade 11 than those of grade 10, and the result are statistically significant at ($p<0.088$) level. Furthermore, the odds of ever having sex are 67 percent more likely for teenagers with grade 12 than it was for grade 10. These findings suggest that as level of education increases, the chance of ever having had sex also increases. The results are statistically significant at ($p<0.021$) level. After controlling for all predictor variables, the odds of ever having sex are 24 percent more likely for teenagers that are in grade 11 than those that are in grade 10. However, the results were statistically insignificant. The odds of ever having had sex are 40 percent more likely for teenagers that are in grade 12 than those that are in grade 10; the results are not statistically significant with level of grade.

Those teenagers who regularly discuss sexual issues or feel pressured from peers are 55 percent as likely to become sexualactive than their counterparts. The latter finding suggests thatthere was a considerablepeer pressure to become sexually active among both femaleand males. Thus the result are statistically significant at ($p<0.000$) level. Peer pressure was identified as one of the very important factors driving the sexual behavior of most teenagers. After controlling for all predictorvariables, teenagers who reported that peers influenced them were increasingly 0.60

more likely to ever had sex than teenagers who had no influence from peers. Overall findings suggest that many teenagers are influenced by peers to engage in early sexual initiation. The results show a statistically significant association at ($p<0.002$)

Teenagers who reported to reside in family with mother only are significantly 80 percent more likely to report ever having had sex than teens who reside in a family with both parents. Findings show that having both parents in the family reduces the chance of early initiation compared to all other family structures explored in the study. Results also indicate that residing in the family with only a father increase the chance of ever having had sex by 94 percent and the findings are statistically significant at ($p<0.028$) level. In addition, the likelihood of ever having had sex is 74 percent higher for teenagers that reside in the family with no parents than for the teenager that reside in the family with both parents. Result shows the statistically significant association of ($p<0.010$) level.

After controlling for all predictors the odds of ever having had sex are about 2 times more likely for teenagers that reside in the family with mother only and the result are statistically significant at ($p<0.001$). Furthermore, the likelihood of ever having sex is significantly 71 percent higher for teenagers that reside in the family with father only compared to those in two parent housholds and results are statistically significant at ($p<0.089$). In the family with no parents, the chance of ever having sex are 52 percent higher compared to those that reside in the family with both parents and the result are statistically significant at ($p<0.058$).

Table 4.15: Logistic regression results (odds ratios) of determinants of ever had sex		
Individual characteristics	**OR**	**AOR**
Current Age	1.2879 (1.1329-1.4639) ***	1.2189 (1.0533-1.4106) ***
Sex		
Female (ref)	1.0	1.0
Male	1.8611 (0.3967-0.7278) ***	0.5007 (0.3614-2.7664) ***
School		
School A (ref)	1.0	1.0
School B	0.6805 (0.4882-0.9485) **	0.8267 (0.5706-1.1977)
Grade		
Grade 10 (ref)	1.0	1.0
Grade 11	1.4396 (0.9473-2.1878)*	1.2448 (0.7948-1.9498)
Grade 12	1.6682 (1.0793-2.5785) **	1.3978 (0.8673-2.2526)
Peer influence		
No influence (ref)	1.0	1.0
Influence	0.5525(0.4113-0.7543) ***	0.6031 (0.4401-0.8262) ***
Family structure		
Both parents (ref)	1.0	1.0
Mother only	1.8083 (1.2263-2.6667) ***	1.9809 (1.3203-2.9719) ***
Father only	1.9384 (1.0741-3.4982) **	1.7071 (0.9219-3.1611) **
None	1.7373 (1.1398-2.6481) **	1.5259 (0.9850-2.3640) **
Log likelihood	-449.16177	
Significant: *P < 0.1, ** p < 0.05, *** p < 0.01, ref= reference category, AOR=Adjusted odds ratios		

Model 2: Ever been pregnant

Logistic regression was used to analyze the relationship between chances of ever been pregnant and the factors investigated. The results show the odds of having been pregnant for the 369 female teenagers in the study. "Ever been pregnant" is measured as a dichotomous variable, taking the value of 1 if the teenage aged 15-19 years is currently or ever been pregnant, and the value 0 if not. This was done to ascertain the independent effects of each predictor variable on chances of ever been pregnant. To test this, each predictor variable was entered alone with a dependent variable with the aim of predicting the strength it has in influencing pregnancy. Table 4.16 show the odd ratios of the model that predicts the probability of ever been pregnant for teenage girls.

Effect of covariates on probability of teenage ever been pregnant

In this study, respondent's current age were reported in years at the time of the interview. Results show that age plays a significant role in predicting the probability of ever been pregnant. As age increases, the chances of ever been pregnant also increase by 55 percent. There is a strong association between current age of the teenager and ever been pregnant at (0.000, $p<0.01$) significant level. This is an expected direction given the fact that the likelihood that the teenager will experience pregnancy is high at the aged of 15-19 years.

Table 4.16: Logistic regression results (odds ratios) of determinants of ever been pregnant

Individual characteristics	**OR**	**AOR**
Age		
Current age	1.5476 (1.2720-1.8830) ***	1.1445 (0.7616-1.7200)
Age at first sex	1.4646 (1.3427-1.5976) ***	1.4094 (1.2713-1.5626) ***
Contraceptives		
Used (ref)	1.0	1.0
Not used	37.6331 (20.2676-69.8779) ***	3.4398(1.0797-10.9584) **
Condom use		
Used (ref)	1.0	1.0
Not used	34.0741(18.2451-63.6359) ***	2.1257(0.6845-6.6013)
School		
School A (ref)	1.0	1.0
School B	0.6801 (0.4304-1.0746)*	4.6698(1.8486-11.7962) ***
Grade		
Grade 10 (ref)	1.0	1.0
Grade 11	1.7292 (0.8733-3.4239)	1.4277 (0.3657-5.6201)
Grade 12	1.2920 (0.6410-2.6039)	1.1333 (0.2526-5.0832)
Peer influence		
No Influence (ref)	1.0	1.0
Influence	0.5037 (0.3227-0.7862) ***	0.38791(0.1668-0.8691) **
Family structure		
Both parents (ref)	1.0	1.0
Mother only	1.3964 (0.7906-2.4664)	0.8375 (0.3011-2.3295)
Father only	0.8084 (0.2893-2.2592)	0.4957 (0.9617-2.4594)
None	1.3964 (0.7547-2.5836)	1.3749 (0.4323-4.3732)
Log likelihood		**-90.65068**

Significant: *P < 0.1, ** p < 0.05, *** p < 0.01, ref= reference category,, AOR=Adjusted odds ratios

The results show that early sexual initiation results in 46 percent high probability of reporting to ever been pregnant. This means that teens who initiated sex early have a high chance of ever

been pregnant than those that initiate sex late. The result were statistically significant at ($p<0.000$) level. The result show the observed effect of age on probability of ever been pregnant after controlling with all of the other covariates. However, the study cannot be confident about these results, mainly because the sample was too small and the reported cases of ever been pregnant were also very small. Further results show the observed effect of age at first sex to be 41 percent higher for those that had earlier sexual initiation, after controlling with all of predictor variables. This implies that to begin sexuality at early ages increase the probability of ever been pregnant at young ages.

Table 4.16 also indicates the odds of teenagers ever been pregnant by whether they had ever used contraceptives. The result shows that teenagers who have never used contraceptives are 37 times more likely to ever been pregnant than teenagers that ever used contraceptives. There is high significant association between never used contraceptives and ever been pregnant at ($p<0.000$) level. It is clear that teenagers who ever used methods of contraceptives are significantly less likely to report pregnancy than those than never used contraceptives. As a result, contraceptive use during sexual intercourse plays a crucial role in reducing the chance of ever pregnant. However, the limitation of these results is that to ever use contraceptives is not synonymous to frequently or currently use of contraceptives. Inadequate and inconsistent use of contraceptives can often result in ineffective of the methods, which can consequently result in early pregnancy. After controlling all of predictor variables, the effect of contraceptive stays as the strongest predictor variable of the probability that the teenage will report to ever been pregnant. Ever use of contraceptives significantly reduces the likelihood of teenagers ever been pregnant by nearly 3 times compared to teenagers that never used contraceptives. The finding reveal that contraceptive use is a strong protective factor and the key determinants of teenagers from ever been pregnant. Thus, result shows that contraceptive use is statistically significant at ($p<0.037$) level.

The effect of condoms use is measured isolated from other forms of contraceptives mainly because it has been proven to have multiple protections for pregnancy and sexually transmitted infections. Table 4.16 shows odd ratios of teenagers who have never used a condom as a predictor variable of ever been pregnant. The result shows that condom use is a strong predictor of ever been pregnant, such that teenagers that have never used a condom are 34 times more likely to ever been pregnant than those that have ever used a condom. As a result, ever been pregnant is most strongly associated with teenagers having sex without a condom at (0.000,

p<0.01) significant levels. This reflects that teenagers still lack the capacity to take definite decisions to protect themselves from harmful consequences of unprotected sex. However, the limitation of this is that, to ever used a condom is not synonymous to frequent use of the condom. After controlling all the predictor variables, the association between condom use and ever been pregnant indicates that condom use is a stronger predictor of ever been pregnant. Having not used a condom significantly increases the likelihood of teenagers to ever been pregnant by nearly 2 times as compared to ever used a condom. The significant association between ever used a condom and ever been pregnant shows no effect. This shows that when condom use is controlled with all other predictor variables, the explanatory power is then taken by other variables as a result the likelihood that the odds ratio will decline is significantly high. However, the result shows no statistically significant association.

Table 4.16 indicates that teenagers who enroll in school B are 68 percent more likely to report ever been pregnant than teenagers that enroll in school A. As a result, there is a significant association between ever been pregnant and enrolling in school B, whereby it is significant at (0.074, p<0.1) level. These findings support the results stated earlier in the literature that to enroll in a school with poor education is associated with early pregnancy. Thus, the result confirm that in school A that has better resources and excellent end of the year result is less likely to experience pregnancy than in school B where there is poor education and low academic result. After controlling all predictor variables, the odds ratio of ever been pregnant were 4.6 times higher for teenagers enrolling in school B. This shows that school B is also affected by the other predictor variable therefore the odds ratio of ever been pregnant is likely to increase. As a result, school is a strong key determinant of ever been pregnant. The result are statistically significant at (0.001, p<0.001) significant levels. After controlling all predictor variables, the odds ratio shows that teenagers that enroll grade 11 are 43 times likely to ever been pregnant than teenagers that enroll in grade 10. Further results indicate that teenagers that enroll grade 12 are 13 percent less likely to report ever been pregnant than those that are enrolling grade 10. However, the results are statistically insignificant for both grade 11 and grade 12.

Table 4.16 also shows the effect of grade level that the teenagers is currently enrolling on the probability of ever been pregnant. The odds of ever having been pregnant were 72 percent more likely for teenagers that enroll grade 11 than those of grade 10. Those teenagers doing grade 12 were significantly 29 percent more likely to ever been pregnant than those that were doing grade

10. The result shows that as the grade increases, the chances of teenager to ever been pregnant decrease steadily, than in lower grades. However, result in the study shows the effect of grades to be statistically insignificant with ever been pregnant.

Teenagers who report to be influenced by friend are significantly 50 percent more likely to report ever been pregnant than those who report not to be influence by peers. The peer influence is a strong determinant of ever been pregnant for most teenagers, mainly because for some teenagers it sometimes depends on their peers if they will engage in early sexual intercourse of which can often result in early pregnancy. Peer influence is a strongly predictor of ever been pregnant at (0.003, $p<0.05$) significant level. These findings are consistent with other studies that also reported that peers have a significant role in influencing sexual behavior among young people. After controlling for all predictors, the result shows that the chance of ever been pregnant are 0.38 likely for teenagers that report to be influenced by friends than those that report no influence. There is no difference in the odds ratio of unadjusted and adjusted rations, which shows that peer influence teenagers in the same way even after controlling all predictor variables. The association between peer influence and ever been pregnant shows that peer influence is a strong predictor of ever been pregnant at (0.022, $p<0.05$) significant level.

Teenagers residing in the family with mother only are 43 percent likely to ever been pregnant than teenagers residing in the family with both parents. Those living with father only were 0.82 times likely to report chances of ever been pregnant compared to those residing in a family with both parents. Although this difference was statistically insignificant, the result shows that the role played by a father in the family is much stronger than it is for a mother. Thus, living with both parents significantly reduces the likelihood of teenagers becoming pregnant than living with only a mother or a father. After controlling for all predictor variables, the chance of ever been pregnant are 18 percent likely for teenagers living with only a mother in the family. Differently, the odds ratio of teenagers that reside with fathers only is 0.49 which shows that when all predictor variables are adjusted, the chance of ever been pregnant is lower than when it not adjusted. However, the association between mother only or father only and chance of ever been pregnant are insignificant mainly because the sample that indicates to ever been pregnant was low. In that way, the results were likely to indicate insignificant association.

4.4 Conclusion

Findings show that there were more females than males and more respondents from school A than in school B. Thus, most of the respondents were in grade 11 followed by those that were in grade 12. Most of the respondents firstly heard about sex from school and friends.Above half of the respondents in school were sexual active. Most of respondent reported to having had sex by the age of 15 years. The majority of sexual active teenagers indicated that they were likely to be influenced by friends to have sex and most of them were residing in a family where there is a single parent which was mostly the mother. The results showed high knowledge of contraception among all teenagers in schools where most of them indicated to ever have used contraceptives and some were currently using them. Results also indicate that though teenagers are at risk of pregnancy, however, the risk declines with the regularly use of contraceptives. A number of sexual active teenagers indicated to ever use a condom when having sex. However, there was no consistency of condom use among the teenagers, most of them indicated to use a condom sometimes when having sex, which puts these teenagers at the risk of early pregnancy and prone to sexually transmitted infections including HIV/AIDS.

Findings also indicate that less than a quarter of teenage respondents reported to ever been pregnant in the study. This indicates that there is a change in the level of pregnancy in schools and it not the same as it was before. However, findings cannot be generalized to all schools mainly because the results were only drawn from two schools. Most of teenage mothers have a high knowledge of contraceptives and they are currently using contraceptives. Though condoms are being used by teenage mothers, however, most of them use condom sometimes when having sex. This implies that they are at risk of falling pregnant again because they are not using regularly when having sex.

Independent socio-demographic characteristics were selected for logistic regression analysis. The results are reflected as unadjusted odd ratios of ~~–e~~ver had sex" and ~~–e~~ver been pregnant". Individual background characteristics that were selected to test the effect on ever had sex" include age, sex, school, gender, peer influence and family structure. These characteristics were chosen because they are likely to be contributing factors to teenage childbearing. Findings show that all predictor variables were independently significant, and influenced the likelihood that the teenager will ever had sex. After controlling for all the predictor variables, findings show that age plays a significant role in determining whether the teenager will ever had sex early or not.

Results indicate that teenagers are most likely to have sex no matter whether they are male or female, no matter what school they are coming from, grade they are doing, whether they are influence to have sex or not, and regardless of the family structure. This implies that as long as they are in age 15-19 years, they are most likely to have passed menarche years (for girls) and likely to have sex. Furthermore, males are likely to have sex than females. Thus, the influence of peers is likely to result in teenagers having sex early. Teenagers that reside in the family with one parent are likely to have sex early than teenagers that reside in the family with both parents. However, after holding all predictor variables constant, school and grade were statistically insignificant. This indicates that regardless of the school or grade that the teenager is doing, all teenagers are likely to have sex when they are still young.

The result shows that there were only 6predictor variables that were independently significant (age, age at first sex, contraceptives use, condom use, school and peer influence) significantly influence the likelihood of ever been pregnant for teenagers at (5 percent or lower). Whereby age at first sex, contraceptive use, condom use, school and peer influence showed to have significant influence in pregnancy of the teenagers and school being the least. After controlling all predictor variables, the results show that in the adjusted odd ratio there are only 4predictor variables (age at first sex, contraceptive use, school and peer influence), with the use of contraceptive being the strongest and school being the least influence. The findings shows that ever had sex (model 1) have the best fit when compared with ever pregnant (model 2).

CHAPTER 5

PERCEPTIONS ON THE EFFECT OF CHILD SUPPORT GRANTS ON TEENAGE PREGNANCIES

5.1 Introduction

This chapter outlines the main findings of data collected from teenagers (aged 15–19 years), teachers, and Headmasters of two schools in the form of questionnaires and in-depth interviews. This component of the study examines the perspective and attitude of teenagers, Headmasters and teachers in high schools and mothers at a grant paypoint with regard to Child Support Grants. The findings have been presented according to particular themes that were identified in the interviews, the main thrust of which presented using paraphrasing quotes.

5.2 Demographic information of respondents

All (691) school teenagers (369 girls and 322 boys) and 30 paypoint teenage mothers were given a chance to share their perspectives by responding to the open-ended questionnaires that were given to them. The age distribution of the respondents were as follows, (53.4 percent) were aged 17-18 years, followed by 25.8 percent aged 15-16 years, 20.8 percent aged 19 years. The majority of respondents (51 percent) reported to reside with their mother only, followed by those (28.2 percent) that resided with their father only, and those that resided with both parents (20.7 percent). In order to collect data that is rich and more detailed, 2 Headmasters and 4 Life Orientation teachers were interviewed independently. In-depth interviews were used to ascertain information about the level of teenage pregnancies in their schools and whether they perceived Child Support Grants to influence teenage childbearing.

Of all female teenagers (369), Table 5.1 shows that about 17.3 percent (n=64) of teenage mothers reported to have a child. Of those respondents, 65.6 percent of them reported receiving a Child Support Grant for the child. This shows an improvement in the number of children receiving the grant and government is playing a crucial role in assisting children. However, the results cannot imply or be indicative as to whether or not grants are the primary reason for childbearing. This is because there were fewer numbers of teenagers that indicated having children when compared with those that do not have children, making it difficult to generalise the results.

The respondents were asked to indicate if they received Child Support Grants for their children. Table 5.1 shows that the majority of the respondents (81.0 percent) who bore children were recipients of Child Support Grants, while 14.3 percent reported their grandmothers to be the ones that received grants and 4.7 percent reported other relatives as recipients of Child Support Grants.

Table 5.1: Percentage distribution of female childbearing by Child Support Grants, n=369

Individual characteristics	**Schools**		**Paypoint**	
	(N)	**(%)**	**(N)**	(%)
Child alive				
Yes	64	17.3	30	100
No	305	82.7		
Receive Child Support Grants				
Yes	42	65.6	30	100
No	22	34.4		
Beneficiaries of CSG				
Mother	34	81.0	30	100
Grandparent	6	14.3		
Relative	2	4.7		
Child benefits on CSG				
Benefits	38	68.4	16	53.3
No benefits	8	14.0	10	33.3
Maybe	11	17.5	4	13.3
Grants used in the way it was intended by government				
Used	30	52.6	25	83.3
Not used	5	8.8	3	10.0
Maybe used	22	38.6	2	6.7
Grants encourage teens to fulfil their aspirations				
Encourage	12	21.0	7	23.3
Not encourage	34	59.6	21	70.0
Maybe	11	19.3	2	6.7
CSG influences teen girls				
Influence	10	17.5	9	30.0
No influence	36	63.2	15	53.3
Maybe	11	19.3	5	16.7
Total	**369**		**30**	

5.2.1 Children benefitting from CSG

In this study, all teenagers in schools were asked their opinion on whether the children benefit from Child Support Grants. Table 5.2 shows that approximately 49.6 percent of respondents indicated that in their opinion children do benefit from the Child Support Grants, compared to 22.4 percent who were of the view that children do not benefit from Child Support Grants and 27.9 percent who were unsure. When comparing males and females, the latter were likely to believe that children benefit from CSG more than the males did. Approximately 54.2 percent of female teenagers believe that the Child Support Grants are being used to benefit the child, while 27.4 percent believe that there is a possibility that it is used to support the child and also a possibility that it is not being used to support the child. Thus, only 18.4 percent indicate that they are of the opinion that the Child Support Grant is not used to support the child. On the other hand, about 44.4 percent of males believe that children do benefit from the Child Support Grant, while 28.6 percent believe that it is possible that children do benefit but that it is also possible that children do not actually benefit, while 27.0 percent believe that children do not benefit from the Child Support Grant.

Furthermore, teenage mothers were also asked if their own child children benefited from the Child Support Grant. Of the teenage mothers in schools (see Table 5.1), about 68.4 percent indicated that children benefited from the Child Support Grant, compared to about 17.5 percent who indicated that it‘s possible that children did benefit, while 14.0 percent were of the opinion that children did not benefit from the Child Support Grant. While about 53.3 percent of teenage mothers at the paypoint indicated that children benefited from the Child Support Grant, only 33.3 percent indicated that children were not benefiting from the Child Support Grant.

5.2.2 CSG is used in the way it was intended by the government

Teenagers were asked if mothers used the Child Support Grant in the way that it was intended by the government. Table 5.2 shows that a large number of respondents (37.2 percent) indicated that most teenage mothers do not use the Child Support Grant in the way that it was intended, while 28.5 percent indicated that they used the money appropriately. However, more males than females believe that the Child Support Grants are not used in the way it was intended by government. Among males, about 42.6 percent believe that the Child Support Grants are not used in the way it was intended by government, while 32.9 percent believe that it is likely that the grant is used in the way it was intended by government but also likely that it is not used in the best interest of the children. On the other hand, about 32.5 percent of females believe that the

Child Support Grant is not used in the way intended by government, while 32.0 believe that the Child Support Grant is used in the way intended by government. About 35.5 percent were not sure, they believe that the Child Support Grant may be or might not be used in the way the government intended.

Table 5.1 indicates that, of those teenage mothers in schools who reported to have a child alive (n=64), about 52.6 percent of teenagers believe that the Child Support Grant is being used in the way it was intended by government, while 8.8 percent believe that the grant is not used in the way it was intended by government. At the paypoint, about 83.3 percent of teenage mothers indicated that the Child Support Grant is used to support the child, and others (10.0 percent) indicated that children do not benefit from the Child Support Grant, while 6.7 percent were not sure; they felt the grant may or may not being was not being utilised for the benefit of the children.

Table 5.2: Percentage distribution of teenagers by perception of Child Support Grants

Individual characteristics	**Schools**		
	Females	**Males**	**Total**
Child benefits on CSG			
Benefits	54.2 (200)	44.4 (143)	49.6 (343)
Not benefits	18.4 (68)	27.0 (87)	22.4 (155)
Maybe	27.4 (101)	28.6 (92)	27.9 (193)
Grant used in the way it was intended by government			
Used	32.0 (118)	24.5 (70)	28.5 (197)
Not used	32.5 (120)	42.6 (137)	37.2 (257)
Maybe used	35.5 (131)	32.9 (106)	34.3 (237)
Grant encourages teens to fulfil their aspirations			
Encourages	62.9 (232)	70.5 (227)	66.4 (459)
Not encourages	21.1 (78)	11.2 (36)	16.5 (114)
Maybe	16.0 (59)	18.3 (59)	17.1 (118)
CSG influences teens			
Influence	44.2(163)	52.8 (170)	48.2 (333)
No influence	26.8 (99)	21.7 (70)	24.5 (169)
Maybe	29.0(107)	25.5 (82)	27.3 (189)
Total	**691**		**100**

5.2.3 Child Support Grants used to fulfil their aspirations

Teenagers were asked if the CSGs are used by teenage mothers to fulfil their own personal intensions rather than those of a child. In Table 5.2, out of all the respondents in schools, about 66.4 percent of them indicated that the CSG is used to encourage teens to fulfil their aspirations, while 16.5 percent indicated that it was not used on children, followed by a minority (17.1 percent) who were unsure. More males than females believe that the Child Support Grant is used by mothers to fulfil their personal aspirations and interests rather than those of the child. About 70.5 percent of males believe that the Child Support Grant is used by teenage mothers to fulfil their aspirations, while 11.2 percent believe that the Child Support Grant is not used on any aspirations other than supporting the child. While 62.9 percent of females believe that the Child Support Grants are used by teenage mothers to fulfil their interest, 21.1 percent believe that the CSG is not used by teenage mothers to fulfil their aspirations.

The result in Table 5.1 which show that among childbearing teen mothers in school, 59.6 percent had a view that the Child Support Grant are used in the correct way, while 21.0 percent of respondents believe that mothers use the Child Support Grant to fulfil their aspirations. At the paypoint, about 70.0 percent indicated that the Child Support Grant is not used by mothers to fulfil their aspirations, while only 23.3 percent indicated that the Child Support Grant is used to fulfil the mother's aspirations.

5.2.4 Influence of Child Support Grants on teenagers to have children

To understand perceptions social grant system by abuse, teenagers were asked if they think that the Child Support Grants influence mothers to have children. Table 5.2 shows that about 48.2 percent respondents believe that the CSG encourages teenagers to fall pregnant to access CSG, and 24.5 percent of respondents believe that it does not encourage teenagers to fall pregnant. Males are more likely than females to think that female teenagers are falling pregnant to receive Child Support Grants. Furthermore, about 52.8 percent of male respondents believe that Child Support Grants do influence teenagers. On the other hand, only 44.2 percent of female respondents believe that Child Support Grants influence teenagers to fall pregnant.

It follows that, results in Table 5.1 indicate that about half of the respondents (63.2 percent) had a view that the Child Support Grants does not influence teenagers to have children, while 17.5 percent had a view that they do influence teenagers. On the other hand, teenage mothers at the paypoint (53.3 percent) indicated that Child Support Grants do not influence teenagers to fall pregnant, while 30.0 percent indicate otherwise.

5.3 Qualitative analysis

5.3.1 Perception of pregnancy in schools by key informants

Key informants were asked if they educate teenagers in school about sex and pregnancy. All respondents reported that they educate learners about pregnancy and sex as it is included in the official syllabus. They also indicated that schools educate learners about how they can prevent themselves from falling pregnant if they have already started having sex. However, the key informants reported that they do not encourage teenagers to engage in sexual activity as they are still young. They also believe that if sex education can continue in schools, the problem of pregnancy can be controlled to a certain extent.

> *Teenagers become pregnant because they want to; it is not a mistake because we teach them every day about sex and pregnancy. Teenagers are educated in Life Orientation, it forms part of our curriculum and we also take students to workshops that educate teenagers about sex, pregnancy and HIV/AIDS. (# 693 teachers, School A)*

When asked if they forbid the distribution of condoms in school, both schools indicated that they do not distribute condoms in school.

> *I do not believe that it can be a good idea to distribute condoms in school, because it is one way of encouraging teenagers to initiate sex while still young. (#695 teachers, School B)*

When asked about how they view the level of pregnancy in schools, respondents reported that the level of pregnancy in schools is very high. All respondents indicated that the majority of teenagers that drop out of school do so because of pregnancy. Respondents felt extremely concerned about the plight of teenage girls who fall pregnant since this situation is sometimes beyond their control. They feel that something should be done as a matter of urgency.

The level of pregnancy is high in school mainly because of a lack of understanding about pregnancy, and the majority of learners think safe sex is a myth. (#692 Headmaster, School A)

One of the respondents indicated that poverty is one of the factors that influence teens to fall pregnant. Further results indicate that teenagers from low-income families are getting pregnant at a higher rate than any other teens, and that girls are particularly at risk of engaging in sex for economic gains, which might negatively influence their power during sexual intercourse. Consequently, these girls tend to see early pregnancy as a logical way of find a role in life and, as a result, such teenagers end up relying on public support for essentials such as food and money.

Some teenagers accept money from men in order to pay for their school fees. Such a situation pushes teenagers to date older men (Sugar Daddies) so they are able to support their financial needs. As they are vulnerable and desperately in need for money they don't have power to make decisions such as requesting the use of a condom during sexual intercourse. As a result, these teenagers end up falling pregnant. (#696 teacher, School B)

The respondents were also asked to raise their opinion on how they view pregnancy while still in school. Wolpe *et al* (1997) states that there are some schools that do not allow pregnant girls and young mothers to attend classes. In some cases where teen mothers continue schooling, they are often "described and assumed to be poor or incapable students" (Pillow, 2004:111). When respondents were asked if teenagers are allowed to continue with school during and after pregnancy, both schools agreed that learners have a right to education during and after pregnancy. They believe that teenagers need to be given a second chance and it is important that teenagers finish school. To substantiate their claims, they also indicated that teenagers are able to finish Matric after pregnancy. However, not all do so, because some parents often find it difficult to care for the child while the mother is still in school, and as a result they drop out and search for employment or stay at home.

The respondents also indicated that it is not easy to educate a pregnant teenager. They reported that even though the premises of equal opportunity for learners with children need to be applied, they tend not to perform better in general terms than those who do not have children.

The challenge that we encounter with pregnancy is that most learners want to come to school even when they are highly pregnant. They also don't adhere to school rules as they sometimes

become absent in class, are late coming to school, they even improperly wear uniforms, fatigue and have poor performance in their academics. (*#695 Headmaster, School B*)

The time needed to dedicate toward personal healthcare and childcare after the baby is born makes it hard to dedicate enough time to your studies. (# 696 teacher, School B)

The respondents also indicated that teens that are pregnant do not participate in class discussion as some fear that everyone in the class will gossip about what she had said in the class.

In Life Orientation programmes in school for instance, when topics like pregnancy arise, the pregnant teen will become particularly uncomfortable because she thinks that everyone is talking about her situation. (#694 teacher, School A)

5.3.2 Perception of pregnancy in schools by teenagers

In the study, the majority of teenagers find attend school while pregnant to be a problem. Both males and females had common ideas about the idea of not attending school while pregnant. Thus, the majority of them argued that it affects your future as a student.

I do not think it a good idea because when one is pregnant it sometimes disturbs other learners because of the anger that you have and treat other learners badly. As a result, being pregnant at school shouldn't be allowed because it not acceptable. *(#277 female teenager, School A*)

The majority of the respondents made it clear that falling pregnant in school encourages other teenagers to also do the same and it creates a bad example about the school.

Teenagers who fall pregnant in school are not the only ones affected; it also disturbs other learners by making them feel tired and falling asleep in class. It is for the best that the pregnant teens stay at home during pregnancy and face the consequence of not thinking about the future as a student. (#167 female teenager, School B)

According to some respondents, attending school while pregnant affects the learner because it is not easy organising time for school, work and pregnancy.

There will be times when the pregnant women will have to be absent from class, e.g. having to go to the clinic. To add to that, there will be times when she will find it difficult to study, e.g. she cannot listen in class or is unable to concentrate on school work". (# 370 male teenager, School A)

She won't have enough time to complete her homework and to study at home as she is usually tired all the time. (#80 male teenager, School B)

However, a few teenage respondents indicated that it was not an issue to attend school while pregnant. Though it is not easy to attend school while pregnant, it should not be the end of anyone's career.

Having a baby as a teenager does not mean that the mother has to give up her life and goals when it comes to her schooling; it simply means she has to learn to do both, being a mother and at the same time as being a student (#104 female teenager, School B)

Life should not be held up by pregnancy. Teenagers should go on and continue with school and everyone has the right to an education. It is a mistake that anyone can make and no one should be judged for falling pregnant. It should be up to the pregnant person who decides whether or not to continue with school or to stay at home until having given birth. Nonetheless, we all need an education for a brighter future. It is hard but it is possible to attend, finish studying, and become successful. (#640 female teenager, School A)

5.3.3 Teenage perspective and attitude towards Child Support Grants

Child Support Grants have been perceived in different ways by different people. The perspectives of teen mothers, teenagers with no children and teachers in school have been recorded in the study. From the study it can be detected that there was some positive sentiment towards the Child Support Grants from the group of Child Support Grant recipients. The majority of teenage mothers in the study view Child Support Grants as supportive to vulnerable children. On the other hand, the negative perception of Child Support Grants was mostly entertained by teens with no children because of the belief that Child Support Grants were not used in the correct way.

5.3.4 Reason to register for Child Support Grants

The study asked the respondents the reason why teenagers registered for Child Support Grants. The majority of teen mothers in schools and at the paypoint reported to have registered for Child Support Grants because they were financially needy and they want to support their children. Some respondents reported to have registered for Child Support Grants because the father of the child was not working and there was no money to support the child at home.

This amount of money assists us to buy food (milk) and clothes for the child, more especially if the father of the child is not working. (#28 teenage mother, paypoint)

I was forced to register for Child Support Grants, not because I wanted to, but because the father of the child disappeared soon after the child was born. I am not working, I am still a student, and I cannot just leave school and look for a job. (#9 teenage mother, School B)

However, not all teenage mothers that registered for Child Support Grants receive the grant. When asked to give the reasons why they were not receiving Child Support Grants, some respondents indicated that they lacked clear knowledge on how one applied and ultimately benefited from the grant.

Others indicated that they were unable to register for Child Support Grants because they did not have the required documents such as a birth certificate of the child and an Identity Document (ID) for the mother. Few of the respondents felt that they were too embarrassed to be seen receiving Child Support Grants they are associated with poor people.

I want to register for a Child Support Grant for my child, but I cannot because I reside in the community where people that receive Child Support Grants are being undermined and labelled with names such as poor, charity case, etc… (#53 teenage mother, School B)

5.3.5 The use of Child Support Grants

5.3.5.1 Teenage mothers

Teenagers were asked if Child Support Grants are used in the way they were intended by the government or in a different way. The majority of teenage mothers reported that Child Support

Grants are useful to them because they use them to support their children. However, most of these teenage mothers indicated that Child Support Grants are too little to meet all the demands of the child.

Though R200 is too little to support my child for the whole month, I make sure that it is used on the child's needs. (#3 teen mother, School B)

Some children benefit from Child Support Grants and some do not, mainly because the money is not enough to meet the needs of the child. (#301 teenage mother, School B)

Some respondents also revealed that some teenage mothers depended on Child Support Grants for the survival of their children and themselves. This shows that most respondents are aware of the difficulties of raising a child, more especially when still in school. Having a child while still in school and having no support from the family, makes them desperate, and they depend on Child Support Grants for survival.

I don't have parents and I only depend on Child Support Grants for survival. The Child Support Grant has assisted me a lot because I've used the money to buy clothes like a school uniform and shoes as I do not have anyone to support me financially. (#574 teenage mother, School A)

5.3.5.2 Teenagers with no children

Teenagers that did not have children had a different perspective of Child Support Grants when compared with teenagers with children. The majority of teenagers that did not have children believe that Child Support Grants are not used in the way intended by the government. Respondents held view that the government made a mistake by introducing Child Support Grants and giving teenagers money. Respondents believe that teenagers are too young and do not have an idea of how to use the money, especially when they have not worked for it. Other respondents believe that the government money has made many teens disappoint their families, especially their parents and the community.

The majority of respondents indicated that Child Support Grants are being used by teenage mothers on alcohol, drugs and clothes. Thus, according to these respondents, alcohol plays a crucial role in the lives of most teenage mothers, as they used the money to buy liquor.

One of my friends used to go to nightclubs and drank away the Child Support Grants money and does not care about who took care of the child when she left. (#151 female teenager, School A)

Most teens do not care about their future after the child is born. The only thing that they think about is the money that they will use to fulfil their aspirations such as shopping for clothes, getting a new hairstyle, booze, drugs and clubbing. (*#551 female teenager, School B)*

You tend to find that children suffer even when the mother is receiving a Child Support Grant. In some cases the child doesn't have food to eat or clothes to wear mainly because the mother used the money on other things. (*#660 female teenager, School A)*

Most teenage respondents also reported that teenage mothers are having fun with the Child Support Grants money, while leaving their children to be cared for by their grandparents, family members, or even strangers. Some even leave the child or children alone at home. Sometimes teenage mothers leave their children because they know that other family members will support the child.

One of my neighbours at home has two children and she gets Child Support Grants for both of them. But when it is pa day for Child Support Grants, she disappears and comes back home only days later. She will then create stories about how she lost the money on the way back home or she was robbed. As a result, her mother reports her to the police station because both children are being supported by the family. *(#430 male teenager, School A)*

Respondents also indicated that Child Support Grants create a sense of independency for most teenagers. They reported that with Child Support Grants, most teenage recipients are economically, independent, and use the money for themselves.

The government money is used as one way for teens to be independent from their parents. It is one way of creating independency and not having to ask parents for assistance. If the money is

not enough they will fall pregnant again to increase the money. (#72 female teenager, School B)

5.3.6 Perception regarding the Child Support Grant's influence on young women

When asked to give their perspective on speculation regarding teenagers falling pregnant in order to receive Child Support Grants, the majority of respondents believe that Child Support Grants are the main contributing factor to teenage childbearing. Respondents indicated that Child Support Grants increase pregnancies among young women. Other respondents indicated that the government has played a crucial role in increasing the teenage pregnancy rate because it is something that is happening around their communities.

I've got a friend that decided to fall pregnant mainly because she wanted to receive a Child Support Grant. She even said a few weeks ago that she is prepared to have a second child to raise the money that she gets every month because it is not enough to meet all her demands. (#111 female teenager, School B)

It was interesting in the study to recognise that more males than females believed that the Child Support Grant has to be blamed for the increasing pregnancy rate among young people. The majority of male respondents indicated that most girls are falling pregnant purposely, knowing that the government will give them money. As a result, these girls will not feel or see the mistake of falling pregnant while still young.

This grant is increasing each and every year, which means girls are encouraged by this grant to have sex and to have children. (#88 male teenager, School B)

I broke up with my girlfriend because she did not want us to use a condom. I even told her that I won't be able to support the child if she falls pregnant as I am still young. (*#62 male teenager, School A)*

However, less than half of the respondents in schools indicated that Child Support Grants do not influence teenagers to fall pregnant. They indicated that to fall pregnant while young is a mistake that can happen to anyone, but not because of Child Support Grants.

"*To fall pregnant while young is a mistake because sometimes the condom burst or when visiting a boyfriend she finds that the boyfriend doesn't have a condom. Thus, girls find it hard to refuse when the boyfriend wants to have sex". (#147 teenage mother, School B)*

To have a child is a huge responsibility and it changes one's life forever. But you have to be able to give that endless amount of attention and sacrifice for the child. Thus, having a child while young does not make your life easier, but instead it makes you financially trapped. As a result, it often is impossible for teenagers to fall pregnant for Child Support Grants not to mention having more than one child. (#134 teenage mother, School B)

Other respondents indicated that the teenage pregnancy rate is already high, but not because of Child Support Grants. They indicated that pregnancy among young people was a problem long before Child Support Grants were introduced. They also indicated that Child Support Grants cannot be blamed for assisting poor people. However, there are other factors that still need attention, not Child Support Grants.

As a budget speech was presented before the teenage pregnancy rate became alarming there was no Child Support Grant. It is unfair to say that young people fall pregnant to receive Child Support Grants for their own use, because it helps children to have food and clothes to wear. Child Support Grants are small money that doesn't even meet the needs of the child. (*#565 female teenagee, School A*)

One of the respondents reported that it is a myth that they spent Child Support Grants on themselves. The respondent reported that there is no proof that they spend the money to fulfil their own aspirations. Most negative sentiments seem to come from those not receiving the grant.

I believe that most communities need to be given accurate and correct information about the use of Child Support Grants, mainly because those people who believe that Child Support Grants are not used on the child, are those that are not receiving of the grants". (#10 teenage mother, paypoint)

5.3.7 The influence of peers

The respondents were asked if they are influenced by peers to have children to receive Child Support Grants. The respondents mentioned that some teens are being influenced by their friends that already have children, so they would also get the same attention and would not be left out from the friendship. Others reported that that their friends have fallen pregnant so their monthly income will be sustained.

Most teenagers are having children only because their friends have had sex and fell pregnant. Some teenagers have a low self esteem and as a result they fall pregnant because they want to satisfy their peers. (#235 male teenager, School A)

When it is payday of the grants, my friends that have children and do not attend school normally gossip about how they are going use the Child Support Grants money. As a result, it becomes interesting when they are chatting about it and I end up feeling not part of the friendship because I am not getting any money at the end of the month and I do not have a child. (#415 female teenager, School A).

One of the respondents was against the fact that other teenagers are being pushed by peers to do things so they could qualify being in a relationship with them.

Other girls often see their friends of the same age having fun, using this grant money and choose to do the same. This is wrong and embarrassing and other teenagers have even lost their virginity which is supposed to be their pride. (#564 male teenager, School A)

5.3.8 Socio-economic status of the household

Some respondents reported that their families depend on Child Support Grants only, and that this was the only source of income for the child‘s primary care-giver. One of the respondents recognised that although Child Support money is little, it is used for household income support rather than income for the child for poor families. In that way teenagers are pushed by the fact that in the household, no one is supporting them financially and with food. This shows that even though Child Support Grants target children, in the low-income household, any form of grant can assistance, and used to pool together and meet the broader needs of the vulnerable family.

Some of the teenagers come from families where they cannot afford anything and financial problems within the household can encourage such teenagers to fall pregnant. (#54 female teenager, School B)

Some of us are the head of the household, in that way the Child Support Grant will be another way to make things easy for us more especially if there is no other grant received at home. (25 teenage mother, paypoint)

I stay with my mother and sister at home and no one is working. She gets a grant for her child every month. My mother does not qualify to get pension because she hasn't reached the age of 60 years. We use Child Support Grants for groceries and to pay electricity bill. However, this amount of money is not enough and I wish government could increase it because it is our only source of income every month. (#440 female teenager, School A)

5.4 The perspectives of key informants on Child Support Grants

All respondents reported that pregnancy was a major problem among young people and it was increasing each and every year.

5.4.1 Child Support Grants in schools

The schools were asked if they have a number of learners that access Child Support Grants. Both schools agree that they have significant numbers of teenagers that access Child Support Grants for their children, however, both reported that they do not make arrangements for teenage mothers to not attend school or leave school early just because they have to receive Child Support Grants.

Most teens who access Child Support Grants absent themselves or ask for permission to leave early from school but we never give them permission just because they want to access Child Support Grants. If the school gives them permission to be absent because of Child Support Grants, it will be one way of encouraging them to fall pregnant. (*#694 teacher, School A*)

5.4.2 Key informants

The head of the schools and teachers were asked if teenagers fell pregnant to access Child Support Grants. Teachers from both schools had different perspectives about Child Support Grants. Half of the teachers (50 percent) believe that teenagers fall pregnant to access the grants. According to these respondents, teenagers would never reveal the truth about Child Support Grants, mainly because they know that it will be removed from them. The respondents added the community where reside these teenagers reside can give the proper information about CSG use. They also revealed that there are reports in school where some teen mothers leave home for days and the child is looked after by grandparents. For these respondents, there is indeed a great link between Child Support Grants and pregnancy.

They boast about it when they are amongst their friends. They also fall pregnant again and again in order to access more money. However, few of them use the money wisely and others use it in their own things (*#697 teacher, School B*).

Every time after Child Support Grants payout day, I see number of teenagers that I know from school, in restaurants with friends spending money. There are also reports by parents of teenagers spending money on alcohol during weekends (# 695 Headmaster, School B).

The other half of the respondents reported that Child Support Grants do not influence teenagers. One of the respondents indicated that teen mothers use the grant for the child's benefit because it was meant for child from the beginning.

One of the students came to my office to ask me about how to go about applying for Child Support Grants. She told me that the father of her child is also a student, so he cannot support the child. I told her about the procedure for the application. Currently she is receiving Child Support Grants for her child and she spends the money on the child (#693 teacher, School A).

5.5 Conclusion

This chapter presents the key findings of the study carried out on teenagers in school and at the paypoint, Head Masters, and teachers of the two high schools. The findings show that there is a mixed perception about the Child Support Grant. The majority of teenagers with no children believe that Child Support Grants are not used in the way intended by government and that most

young mothers use the money to fulfil their own aspirations. Most teachers in school also indicate the same that Child Support Grants influence teenagers to fall pregnant, mainly because they reside with these teenage mothers in the community and they always boast about it when they are with friends. Teachers also reported that there are cases of teenage mothers in schools reported by grandmothers, of teenagers on Child Support Grants using alcohol during the weekends. While on the other hand, teenage mothers indicated that they use Child Support Grant money on their children's needs. They indicated that Child Support Grant money is too little, and as a result they could not spend this money on themselves even if they wanted to. According to them, this amount of money cannot even meet all the demands of the child. As a result, there is still more needs still to be known about the Child Support Grant.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter summarises the results from both quantitative and qualitative data. The purpose of the study was to examine factors that may influence teenage childbearing, and to examine whether teenagers are pressured to fall pregnant in order to access Child Support Grants. In order to increase the credibility and validity of the results, the study also used qualitative analysis to understand the perception of teenagers in schools and at a paypoint, as well as the perceptions of Headmasters and teachers about Child Support Grants in relation to teenage childbearing. This chapter also discusses the limitations of the study and then draw conclusions and recommendations for strategies to improve services to improve teenage sexual and reproductive wellbeing.

6.2 Summary of findings

Teenage childbearing has been viewed by the government and communities of most countries as a problem. As a result, it is important to understand the factors that may contribute to the high level of childbearing. The study consequently collected information from teenagers in schools and at a paypoint. The total number of respondents sampled was 691 for schools and 30 female respondents at the paypoint. About 53.4 percent of the sample was girls and 46.6 percent were boys. More than half of the respondents were from School A, accounting for 70.8 percent, while School B accounts for 29.2 percent. The study interviewed teenagers in both schools that were enrolled in Grade 10 (17.8 percent), Grade 11 (46.2 percent) and Grade 12 (36.0 percent). The majority of the respondents (53.4 percent) were aged 17-18 years, followed by 25.8 percent aged 15-16 years, 20.8 percent aged 19 years.

In the grant paypoint, the majority of respondents (40.7 percent) were aged 19 years, followed by 43.3 percent aged 17-18 years and 10 percent aged 15-16 years. About of 46.1 percent were enrolled in grade 12, 30.8 percent in grade 11 and 23.1 percent in grade 10.

Determinants of early sexual initiation

To understand factors that may influence teenagers to become involved themselves in risky sexual behaviour, a quantitative analysis was conducted. Findings indicate that teenagers are likely to initiate sexual intercourse while still young. In schools, more than half (52.5 percent) had engaged in sexual intercourse. According to this result, only a minority of young people were not sexually active. More males (53.9 percent) than females (46.1 percent) reported to have had sexual intercourse. Of these teenagers, the findings show that 43.5 percent had their first sexual intercourse at the age below 15 years, while 56.5 had their first sex at the age above 15 years. Thus, the results confirm that the proportion of sexually active teenagers increased with age

The results also clearly show that family structures can influence teenagers to engage in early sex and risk falling pregnant at an early age. Parental control is a crucial factor that may encourage or discourage teenagers to engage in risky behaviour. Almost 51.0 percent of the respondents reported living with one parent (the mother), followed by 28.2 percent that reported to be living with their father. At the paypoint, about 63.3 percent of respondents lived with the mother only. Other studies indicated that the absence of one parent in the family increases the chance of teenagers engaging in risk behaviour. Living with both parents is related to a lower risk of sexual intercourse and lower risks of teen daughters falling pregnant. Lauritsen (1994) indicated that teens living with one parent are more likely to have had intercourse. The implication here is that those teenagers who live with a single parent are prone to an early sexual debut and pregnancy compared to those who live with both parents. Furthermore, those who live with their fathers alone are more vulnerable to pregnancy than those who live with their mothers alone.

The quantitative results reveal that peers play a major role in influencing teenagers to begin sexual activity early. Of the respondents that reported to having 'ever had sex', the study shows that more than 53.8 percent reported to be influenced by their friends to have sex. Findings show that males (51.2 percent) are more likely than females to be pressured to have sex early, probably because they want to prove themselves to their peers. This is in line with most studies in the literature which show that teenagers are likely to be influenced by peers to do things so they will be part of the friendship.

Determinants of early childbearing

With the high level of teenagers having sex, the result does not imply that the probability of 'ever been pregnant' will also be high. Of the female respondents (n=369), less than 32.8 percent reported to have ever been pregnant, and most (49.4 percent) of them were aged 19 years, 32.1 percent were aged 17-18 years and 21.2 percent were aged 15-16 years. The result shows that the majority of teenagers (95.9 percent) reported to have heard of the different methods of contraception, including condoms (82.6 percent), pills (52.0 percent), injections (48.0 percent), implants (12.4 percent) and the Intrauterine Device (IUD) (10.7 percent). Condoms appear to be the most popular form of contraception amongst teenagers. The majority of teenage mothers had used contraceptives (77.7 percent), with condom use reported to be relatively high. These results indicate that there is an improvement in the use of contraceptives by young people. Moultrie and McGrath (2007) reported from the Demographic Surveillance Site in rural KwaZulu-Natal that between the year 2000 and 2005, the proportion of young people who had ever had sex remained relatively constant, but that contraceptive usage increased significantly. Simbayi, Chauveau and Shisana (2004) reported a similar trend of increased contraceptive usage in their national survey as compared to findings from the 1990s. Teenagers who accept that they are sexually active are likely to obtain and use contraceptives, and may not fall pregnant.

Child Support Grants and teenage childbearing

Findings also show that of about a third of the respondents that had ever been pregnant (32.8 percent), 17.3 percent of them reported to have a child alive and the majority of those (73.7 percent) received Child Support Grants for the child. Contrary to speculations among some groups in South Africa, results indicate that there is no significant association between Child Support Grants and being pregnant or childbearing. Those that are receiving Child Support Grants are relatively fewer than those that have ever been pregnant. However, the result shows that the number of beneficiaries of Child Support Grants may increase if teenage mothers had proper information regarding proceedured to apply for the grant. Those that reported not receiving a Child Support Grant (26.3 percent) indicated that they lacked knowledge about the procedure of applying for a Child Support Grant. Other respondents reported that they did not have the required documents to apply for such grants, such as an identity document (ID) and birth certificate of the child.

In the study, among teenage mothers that reported to have children alive, the majority (81.0 percent) indicated that Child Support Grants benefit the child, not the mother. Few teenage mothers (8.8 percent) indicated that Child Support Grants are not used in the way they were intended by the government, and 17.5 percent indicated that the Child Support Grant does influence teenagers to fall pregnant. A few teenage mothers (21.0 percent) believed that mothers use Child Support Grants to fulfil their own aspirations. At the paypoint, about 70.0 percent of the respondents confirmed that Child Support Grants are not used by mothers to fulfil their own aspirations, while 23.3 percent indicated that Child Support Grants are used by teenage mothers to fulfil their own needs. Teenage mothers at the paypoint (53.3 percent) indicated that Child Support Grants do not influence teenagers to fall pregnant.

Teenagers at school who had no children (49.6 percent) reported that the Child Support Grants benefit the child, while 22.4 percent of them believe that it does not benefit the child. Results also show that more females (54.2 percent) than males (44.4 percent) believe that Child Support Grants benefits the child. About 37.2 percent of these teenagers believe that the Child Support Grant money is not used in the way it was intended by government while 28.5 percent believe that it is used in the way it was intended by government. The majority of teenagers (66.4 percent) believe that teenage mothers use Child Support Grants to fulfil their own needs while only 16.5 percent believe that it does not encourage teenage mothers. More male (70.5 percent) than female (62.9 percent) teenagers believe that Child Support Grants encourage teenage mothers to fulfil their own aspirations.

From the above findings it is clear that teenagers with no children perceive Child Support Grants to have an impact on teenage childbearing, as opposed to teenage mothers who reported that Child Support Grants do not influence teenagers to have children. As a result, the study cannot conclusively state that Child Support Grants do influence childrearing, mainly because there is no proof that indicates a significant level of teenage childbearing within the sample. If teenagers were having children to access Child Support Grants, the findings would be expected to show an increasingly high rate of teenagers with children. This study then draws the conclusion that even though there is a relationship between the two variables, there is no sufficient evidence to prove that there is a link between the variables. The results are supported by the Department of Social Development, and, Makiwane and Udjo (2006) after analysis of data on fertility and Child Support Grants in the literature review, who found no link between teenage pregnancy and Child Support Grants.

The qualitative analysis shows that teenagers with no children are most likely to report that teenagers are having children to receive Child Support Grants. It was also interesting to discover that more males than females believe that teens take advantage of Child Support Grants. They also reported that teenage mothers take advantage of Child Support Grants by using the money to fulfil their own needs (e.g. alcohol, clothes, and hairstyles). Not only teenagers seem to find a relationship between Child Support Grants and teenage childbearing. Teachers and Headmasters indicated that teenage mothers talk about how they use Child Support Grants when they are with friends. Teachers also indicated that the level of pregnancy in schools is very high, and not because they are not educated about sex and pregnancy. Most teenagers still find pregnancy as something that would not happen to them. As a result, they fall pregnant again and again. Teachers also put into place that some of them are falling pregnant with the aim of accessing Child Support Grants. Teachers indicated that there are cases from parents in school of teenagers using Child Support Grants on alcohol and not supporting the child.

The results also show that peers play a crucial role by influencing others to have children. Consequently feel like part of the friendship. Pressure from home was also indicated to be a major factor. Teens from poor families were more likely to take advantage of the money. It would be very inequitable to conclude that indeed Child Support Grants influence teens to have children because of pressure from friends.

Meanwhile, teenage mothers indicate that Child Support Grant money is being used to support the child's needs by paying school fees and buying food. They also indicated that the Child Support Grant money is too little to meet all the demands of the child. It not only assists the child, but also assists the mother of the child in paying for their needs. This shows that it is possible that Child Support Grants make teenagers desperate for money to use it to fulfil their own needs. However, the research cannot draw on this qualitative analysis that teenagers are indeed falling pregnant to receive Child Support Grants. Department of Social Development has an ongoing study to establish the effects of Cash Social Grants among teenage mothers. These results will give an insight into the extent of the use by the teen mothers with regard to the intended purpose by the government.

6.3 Recommendations

Based on the findings of this study, the researcher made the following recommendations for further research:

- Sexuality and pregnancy education in schools should be encouraged starting from lower grades, (i.e. primary school), where teenagers should be educated about the dangers of initiating sex at an early age. Furthermore, teachers in schools should be equipped on how to counsel learners starting from primary to secondary school.

- Some learners are not adequately exposed to proper contraceptives such as condoms. The reality is that teenagers are having sexual relations much earlier, and this is more often unprotected. Therefore it is recommended that condoms be distributed in schools to encourage safe sex. Furthermore, the correct way of using contraceptives should be taught and encouraged in schools, which may help to overcome the problem of teenagers falling pregnant.

- Support groups for pregnant and parenting teenagers in schools should be established.

- In order to reduce the spreading of rumours about the use of Child Support Grants, the government of South Africa (Department of Social Development) should make means available to educate people within communities about the importance of Child Support Grants and how these should be used.

6.4 Conclusion

Based on the result, it can be concluded that there are a number of factors that influence teenage childbearing. Furthermore, factors such as age at first sex, school, peer influence, and contraceptive and condom use were found to be strong determinants of teenage childbearing. Though the level of pregnancy in school is indicated to be lower than it was assumed, more still needs to be done to reduce the level of pregnancy.

With regard to Child Support Grants and teenage childbearing, there is no systematic evidence to argue that there is a significant relationship between Child Support Grants and teenage pregnancy, mainly because quantitative results show no association between the two variables. Contrary to some belief among the population that CSGs drive teenagers into falling pregnant, this study found no pressure for teenagers to fall pregnant in order to access Child Support

Grants. In fact, a number of teenagers indicate to be pressured by family and friends to receive Child Support Grants. Teenagers with no children, male teenagers and teachers in school recognised, some believe in an association between Child Support Grants and teenage pregnancy. With regard to qualitative results, most teenage mothers did not indicate that Child Support Grants influence them to have a child. However, they reported to benefit from Child Support Grants because they are able to support their children. As a result, even if there is a relationship between the two, there was no casual result to prove the association. In that way, the conclusion will be drawn from the result of Makiwane and Udjo (2006), that there is no significant relationship between Child Support Grants and teenage childbearing.

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